

PCHAP

Partnership for Comprehensive
HIV/AIDS Planning

Area 12



Priorities and Allocations Committee

Purpose

- **Priorities** - Rank eligible CARE Act service categories in order of priority, based on documented needs of persons within Area 12 that are living with HIV/AIDS
- **Allocations** - Develop a recommendation for how Ryan White Part B and Florida General Revenue funds should be divided between service categories (by percentage of total grant award) in order to best meet the needs of the local community through quality, cost-effective services.

Guidance for Decision Making

- Decisions must be based on documented needs
- Services must be responsive to the epidemiology of
- HIV/AIDS in Area 12
- Prioritized services must support the provision of basic health care, limiting duplication of services, and minimizing hospitalizations among clients
- Decisions must address the overall service needs in the area, and not focus on individuals

Guidance for Decision Making (cont.)

- Services should be culturally appropriate
- Services should focus on the needs of low-income, underserved, and severe needs populations
- Services must meet established standards of care and quality
- Services must be cost-effective

Criteria for Service Selection

- Documentation of need:
 - Epidemiology of local epidemic
 - Information from consumers and providers
 - Other structured sources of information
- Quality and cost-effectiveness of services:
 - Client surveys
 - Other evaluation methods
- Service responsiveness to cultural norms of target populations, especially those with most severe need

Criteria for Service Selection (cont.)

- Consistent with existing continuum of care and overall goals to:
 - Ensure access to basic healthcare
 - Minimize the need for hospitalization
 - Eliminate duplication of services
- Address ongoing and emerging needs
- Reflect changing local Epidemiology of HIV

National HIV/AIDS Strategy

NHAS Patient Care Highlights

Updated to 2020

July 2015

Vision

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

Goal 1: Reducing New HIV Infections

- Intensify HIV prevention efforts in communities where HIV is most heavily concentrated
- Expand efforts to prevent HIV infection using a combination of effective, evidence-based approaches
- Educate all Americans with easily accessible, scientifically accurate information about HIV risks, prevention, and transmission

Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- Establish seamless systems to link people to care immediately after diagnosis, and support retention in care to achieve viral suppression that can maximize the benefits of early treatment and reduce transmission risk
- Take deliberate steps to increase the capacity of systems as well as the number and diversity of available providers of clinical care and related services for people living with HIV
- Support comprehensive, coordinated patient-centered care for people living with HIV, including addressing HIV-related co-occurring conditions and challenges in meeting basic needs, such as housing

Goal 3: Reducing HIV Related Disparities and Health Inequities

- Reduce HIV-related disparities in communities at high risk for HIV infection
- Adopt structural approaches to reduce HIV infections and improve health outcomes in high-risk communities
- Reduce stigma and eliminate discrimination associated with HIV status

Goal 4: Achieving a More Coordinated National Response to the HIV Epidemic

- Increase the coordination of HIV programs across the Federal government and between Federal agencies and State, territorial, Tribal, and local governments
- Develop improved mechanisms to monitor and report on progress toward achieving national goals

Indicators

A work group was tasked to develop updated indicators with ambitious, yet feasible, targets that would inspire action and maintain progress toward meeting the Strategy's HIV prevention, treatment, and care outcomes

Indicators (cont.)

1. Increase the percentage of people living with HIV who know their serostatus to at least 90 percent
2. Reduce the number of new diagnoses by at least 25 percent
3. Reduce the percentage of young gay and bisexual men who have engaged in HIV-risk behaviors by at least 10 percent.
4. Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85 percent.

Indicators (cont.)

5. Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90 percent
6. Increase the percentage of persons with diagnosed HIV infection who are virally suppressed to at least 80 percent
7. Reduce the percentage of persons in HIV medical care who are homeless to no more than 5 percent
8. Reduce the death rate among persons with diagnosed HIV infection by at least 33 percent

Indicators (cont.)

9. Reduce disparities in the rate of new diagnoses by at least 15 percent in the following groups: gay and bisexual men, young Black gay and bisexual men, Black females, and persons living in the Southern United States
10. Increase the percentage of youth and persons who inject drugs with diagnosed HIV infection who are virally suppressed to at least 80 percent

Needs Survey Data

Spring 2013

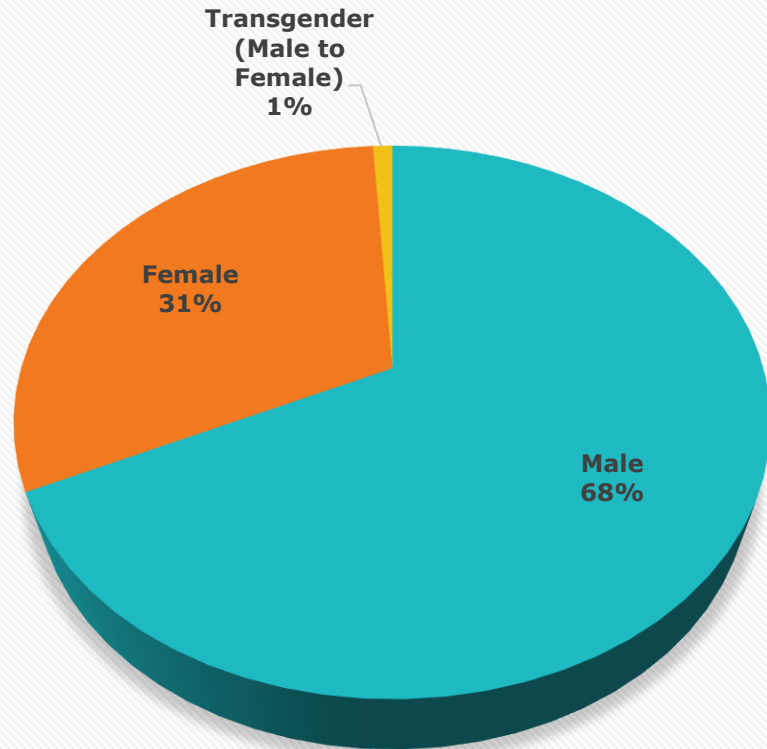
A new survey will be conducted Oct 2016

Acronyms

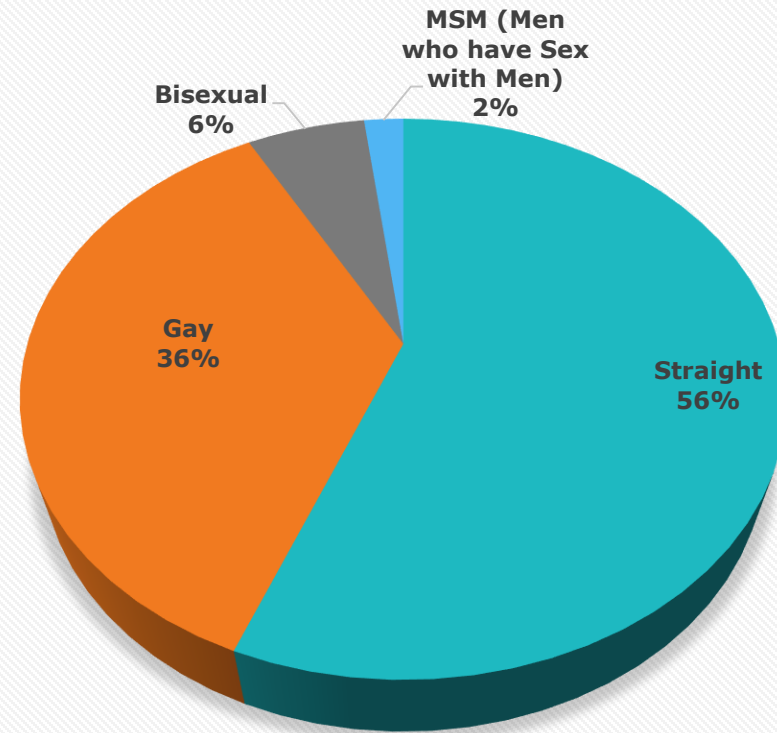
- **MSM** - Men who have sex with men (includes homosexual and bisexual)
- **IDU** - Injecting drug user (category assumes that needle-sharing has taken place)
- **Hetero** - Persons infected by a partner of the opposite sex
- **Blood** - Persons exposed through receipt of contaminated: blood/blood products, transplanted tissue/organs or artificial insemination (includes both confirmed and suspect cases pending investigation)
- **Other/Unknown** - Confirmer other risks

Survey Demographics

What is your gender?

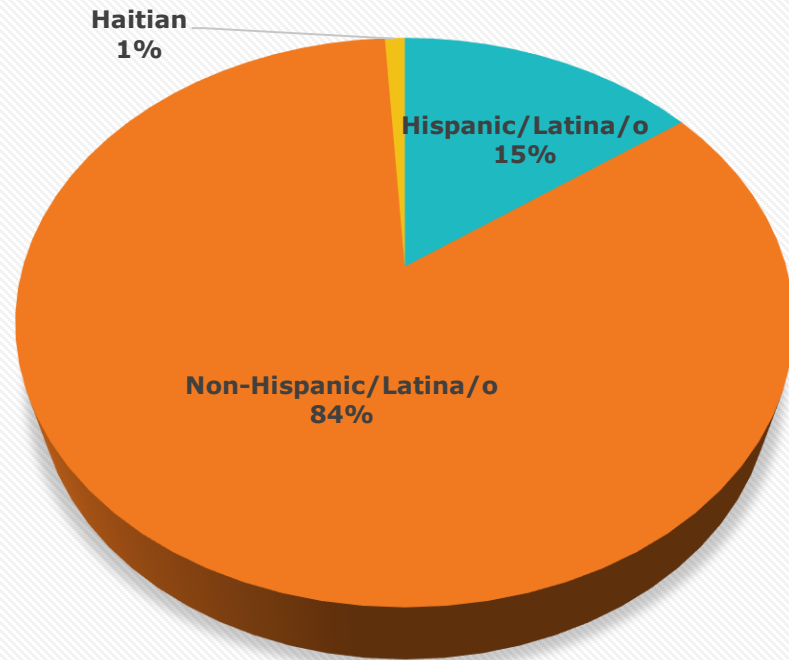


How do you identify yourself?

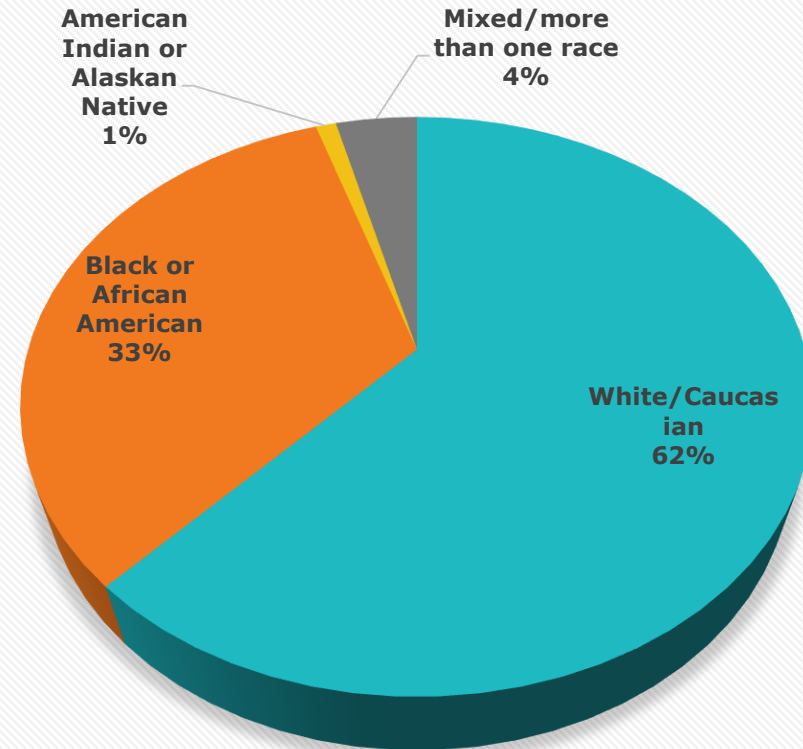


Survey Demographics (cont.)

What is your ethnicity?

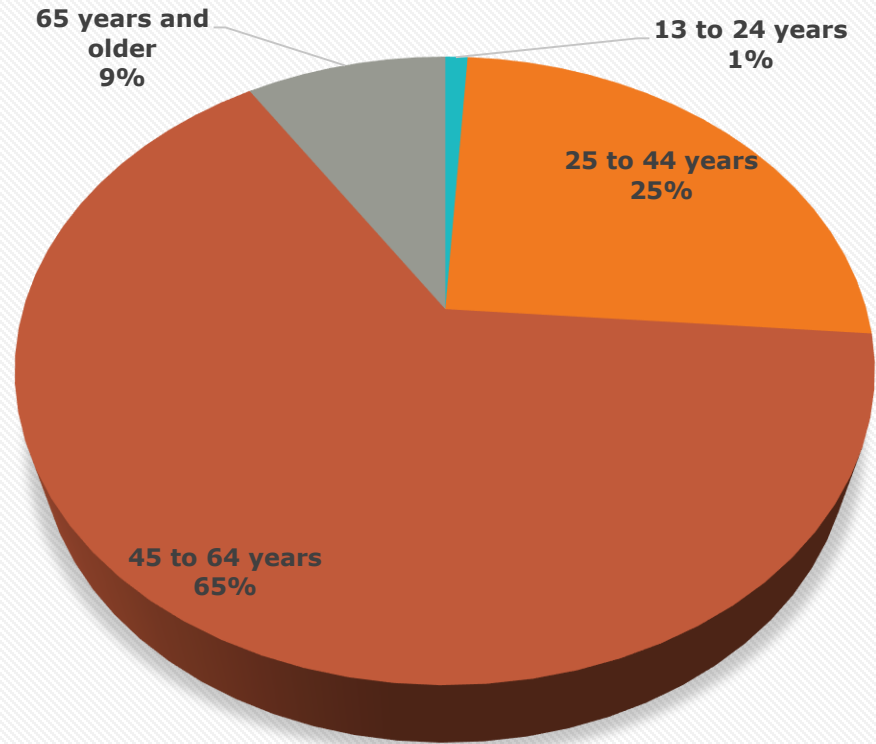


What is your race?

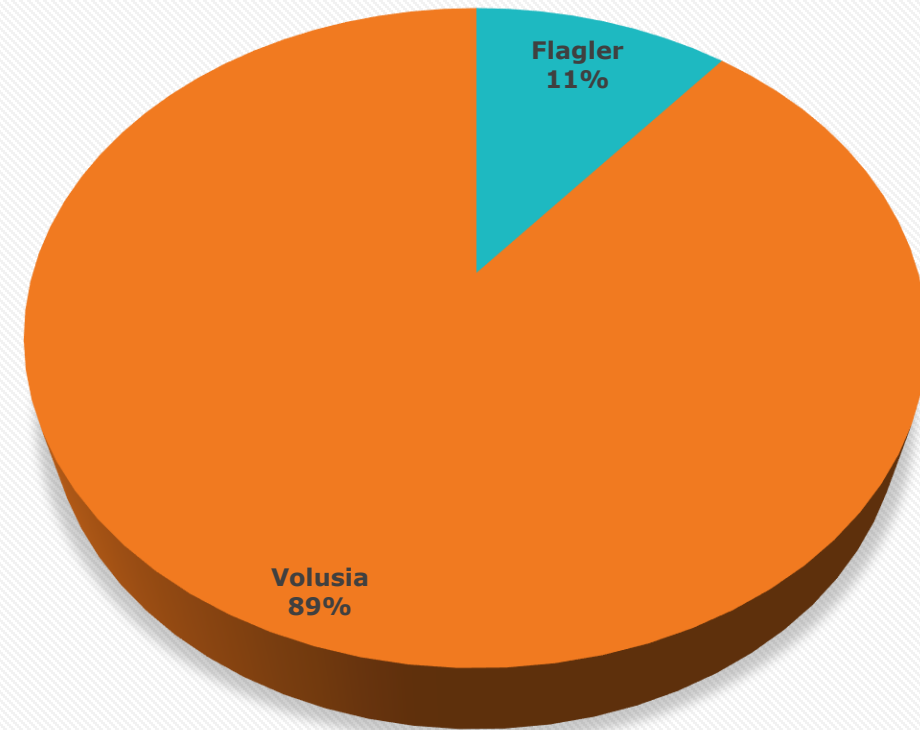


Survey Demographics (cont.)

What is your age?

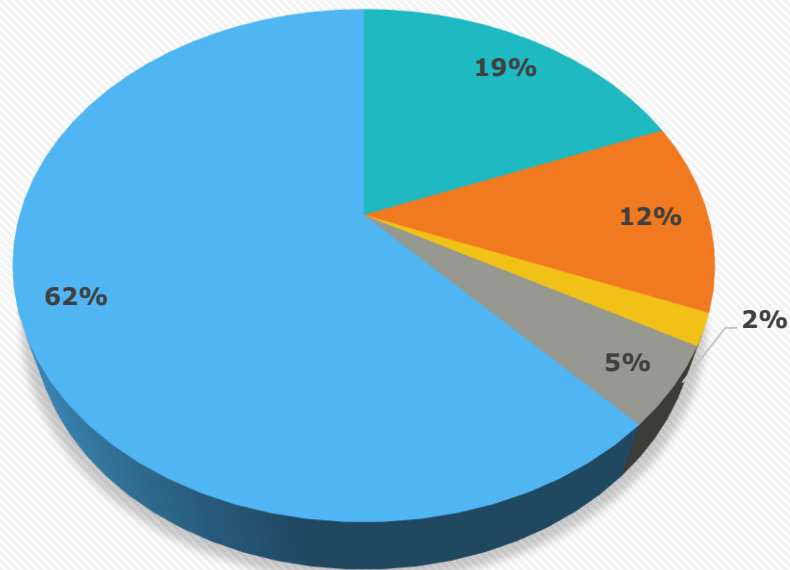


Where do you live?



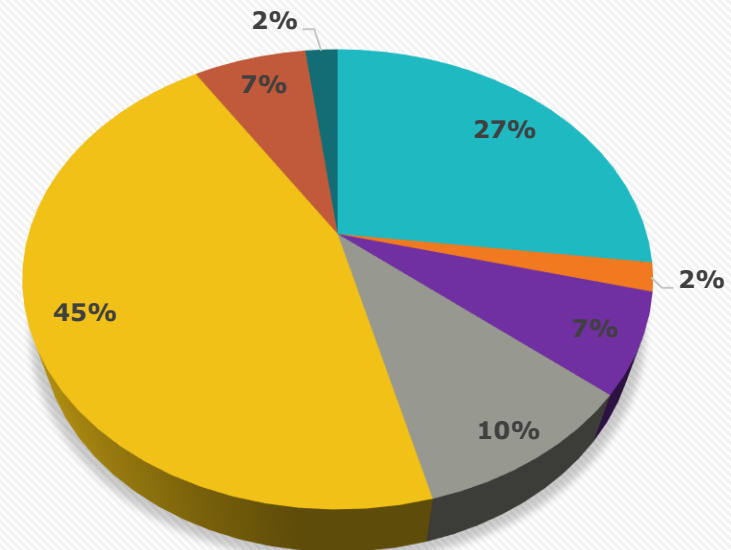
Survey Demographics (cont.)

What best describes your work situation in the past 12 months?



- Working full-time job
- Working part-time job
- Self employed
- Working off and on
- Not working

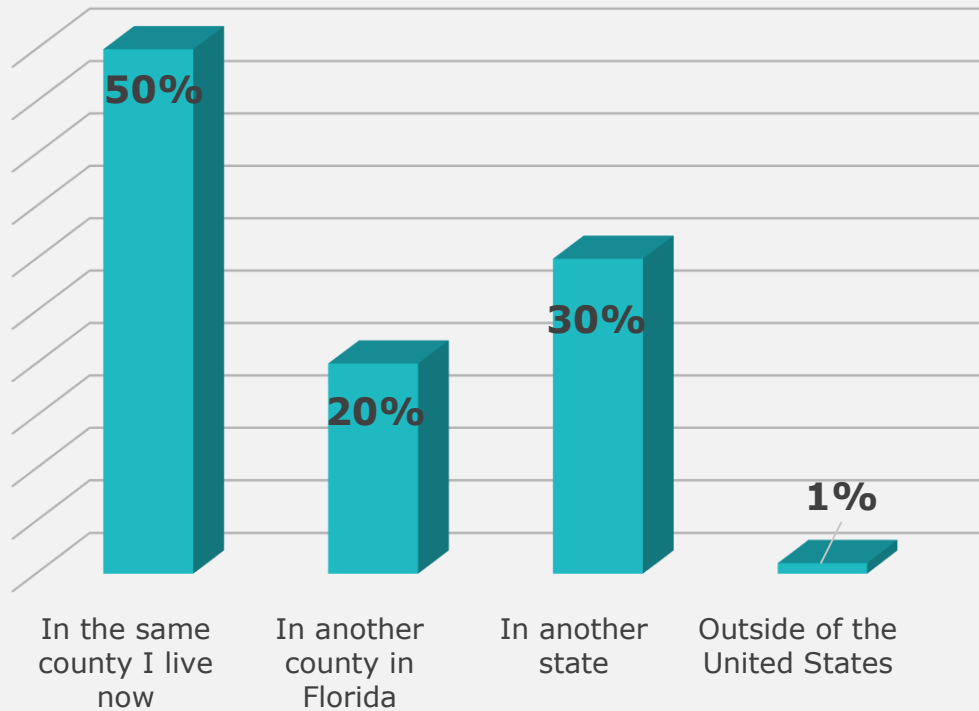
Why were you not working during the past 12 months?



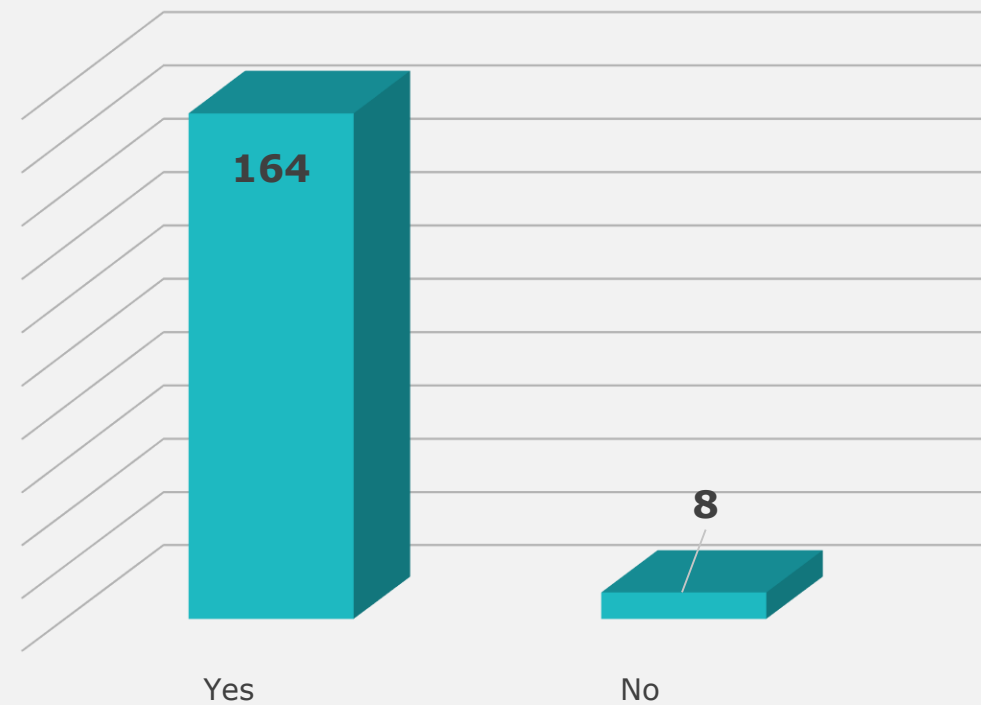
- N/A (was working)
- Student
- Looking for a job
- Retired
- For health reasons, on disability
- For health reasons, NOT on disability
- Other

HIV Care Information

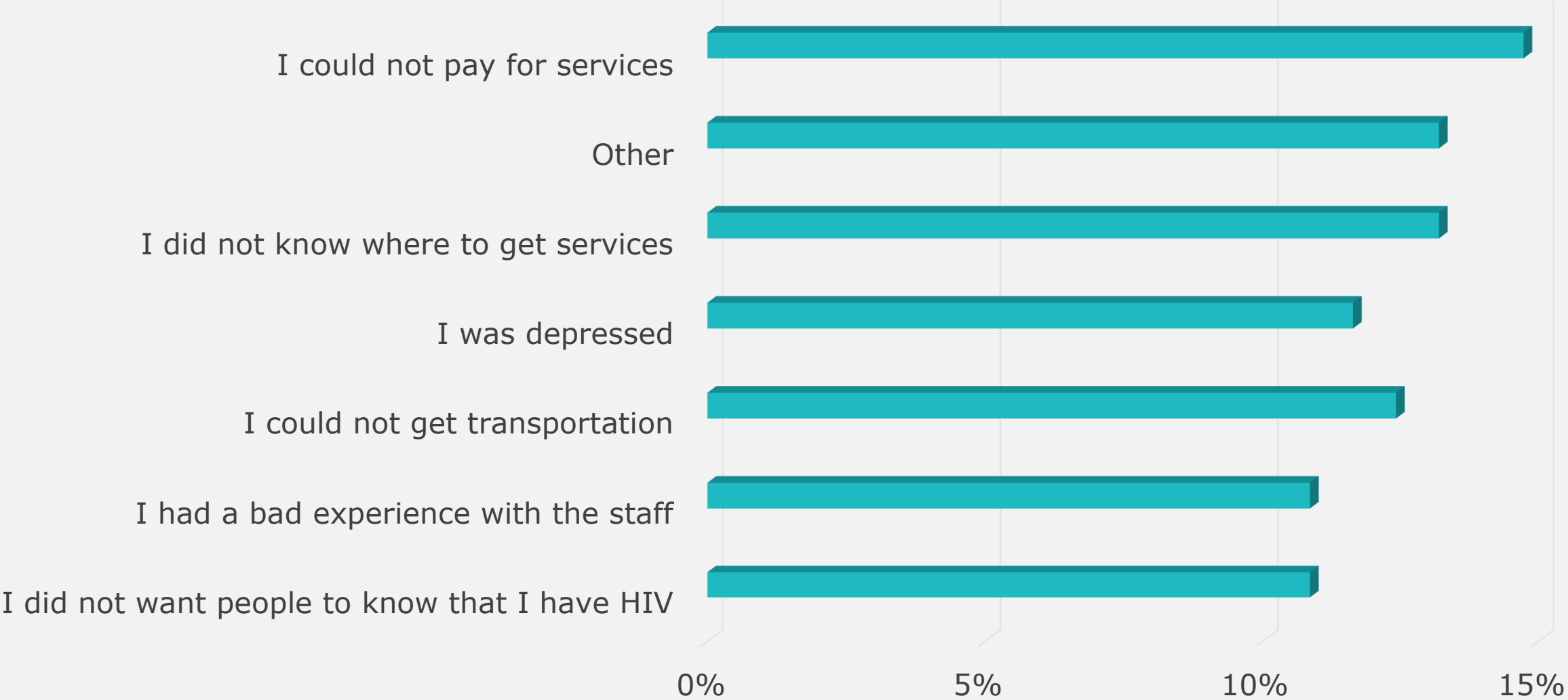
Where were you living when you first tested positive for HIV?



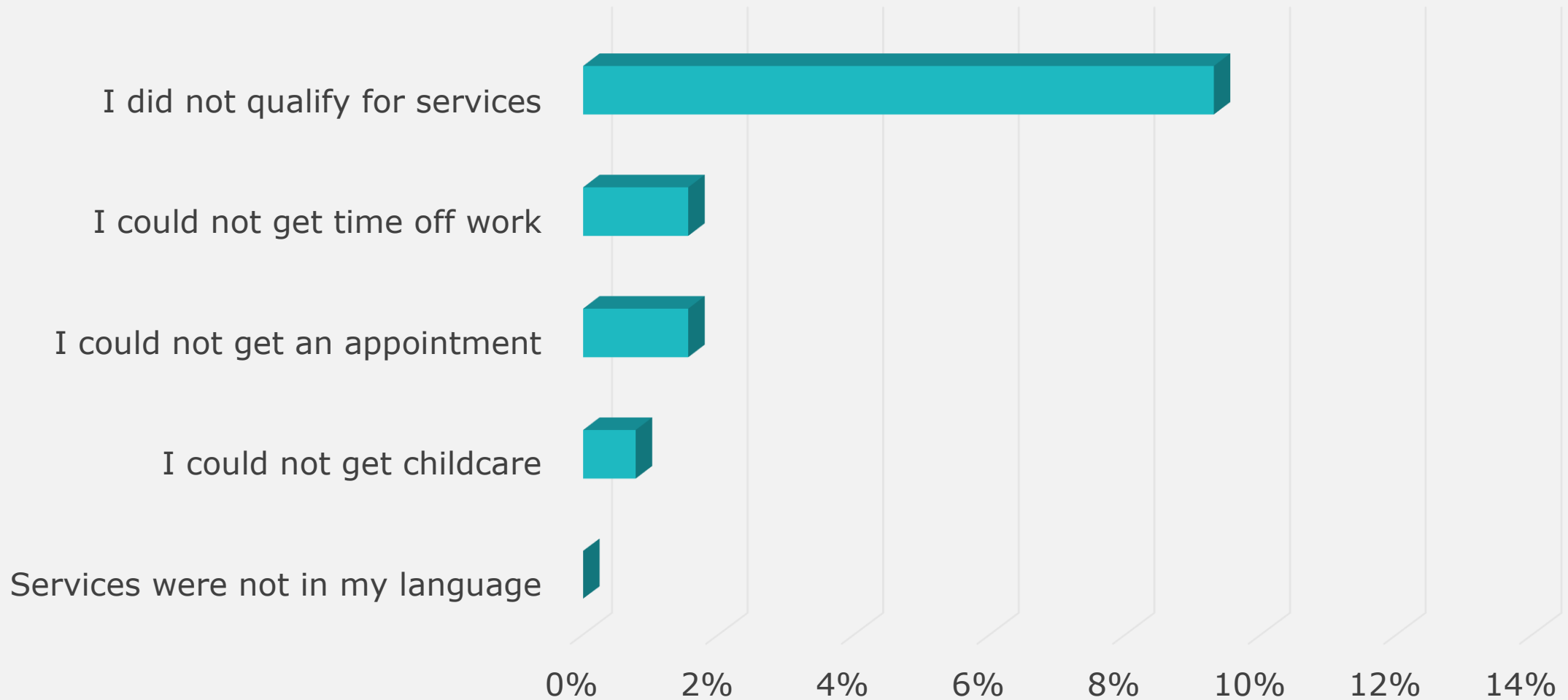
Did you get HIV/AIDS related medical care OR a CD4-T-cell count OR a viral load lab test in the past 12 months?



Barriers to Service

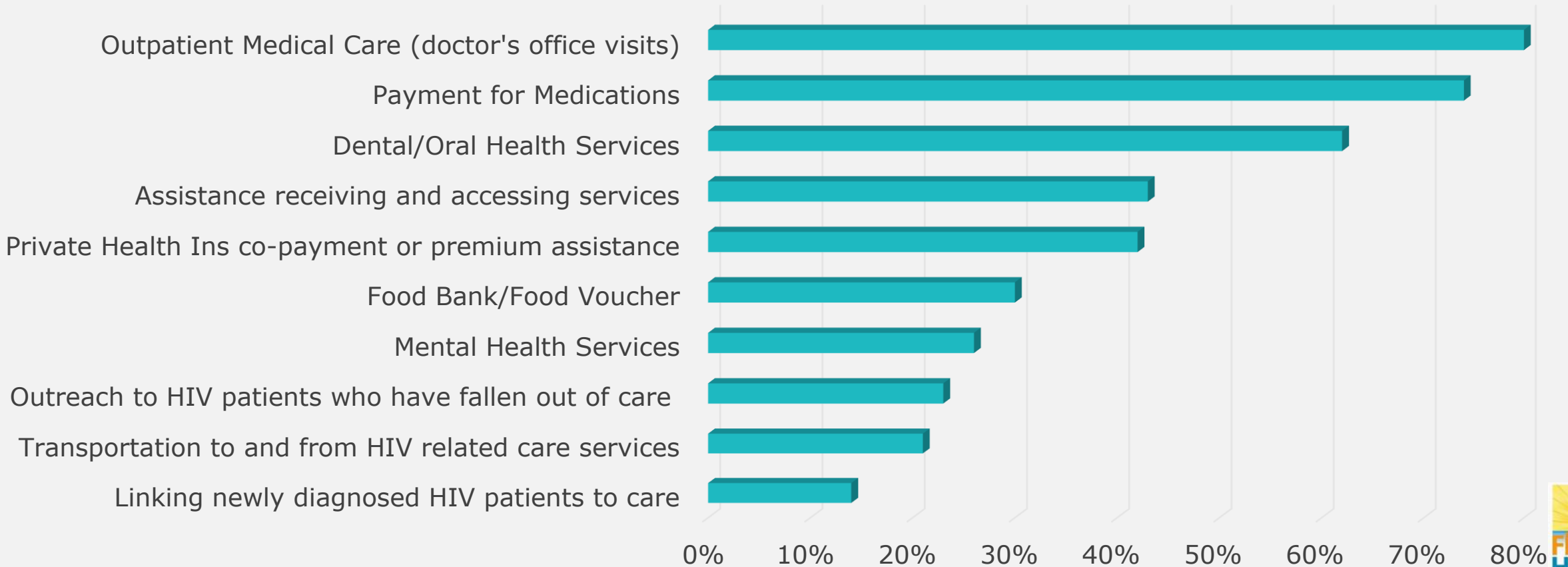


Barriers to Service (cont.)



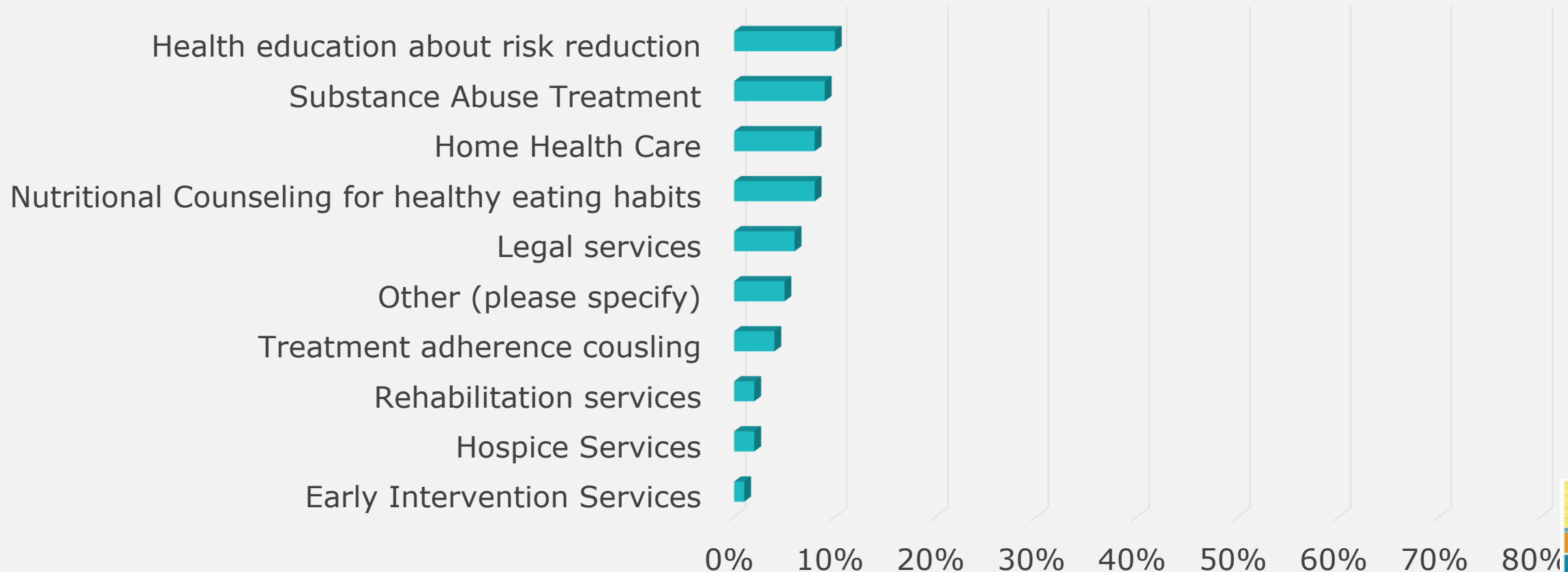
Services by Importance

Which five services do you think are most important for PLWHA to be able to access throughout the state?



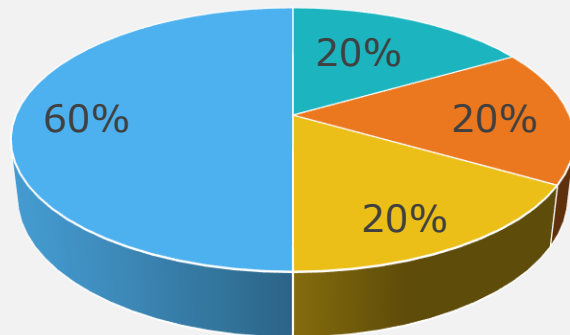
Services by Importance (cont.)

Which five services do you think are most important for PLWHA to be able to access throughout the state?



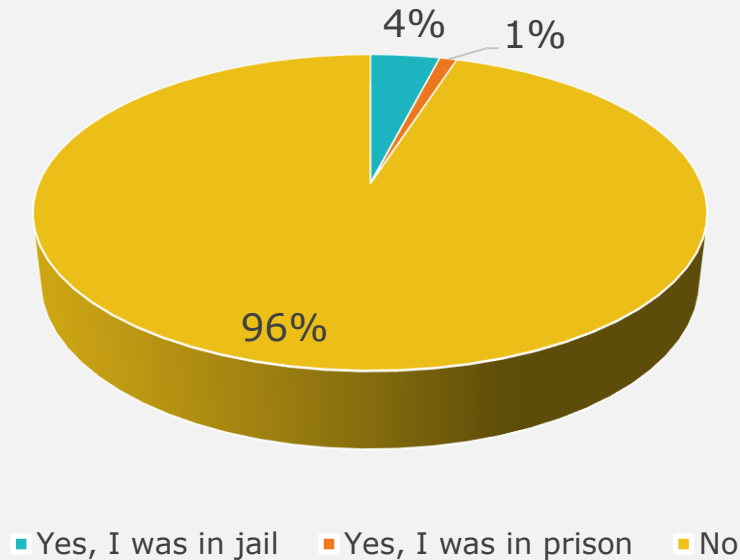
HIV Care information (cont.)

When you were released from jail/prison, which of the following did you receive?



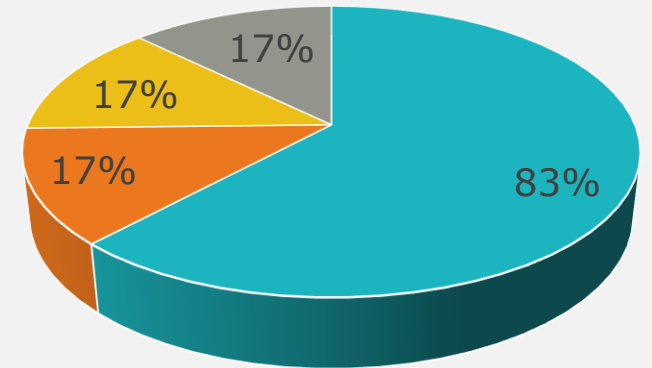
- Information about finding housing
- Referral to medical care
- Referral to case management
- A supply of HIV medication to take with you
- Other

Were you in jail and/or prison during the past 12 months?



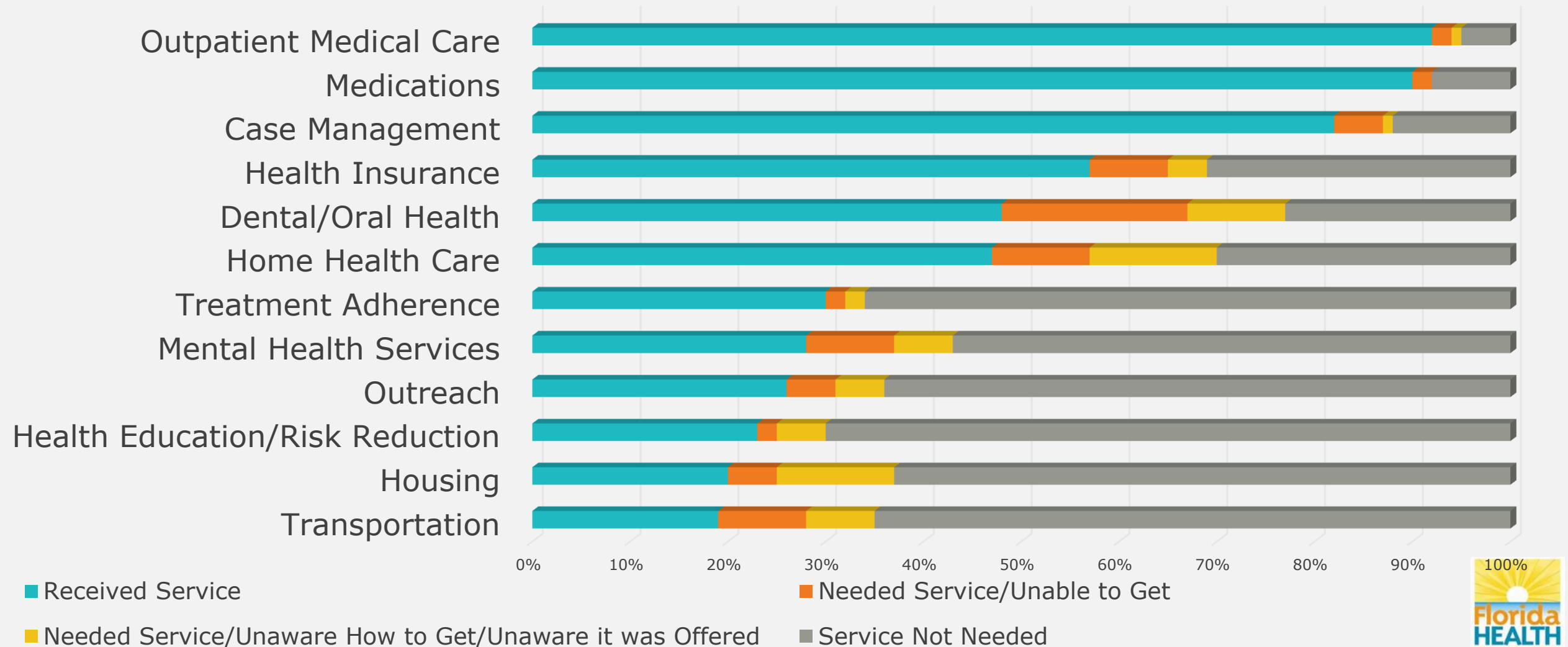
- Yes, I was in jail
- Yes, I was in prison
- No

What prevented you from getting the HIV/AIDS services you needed after you were released?

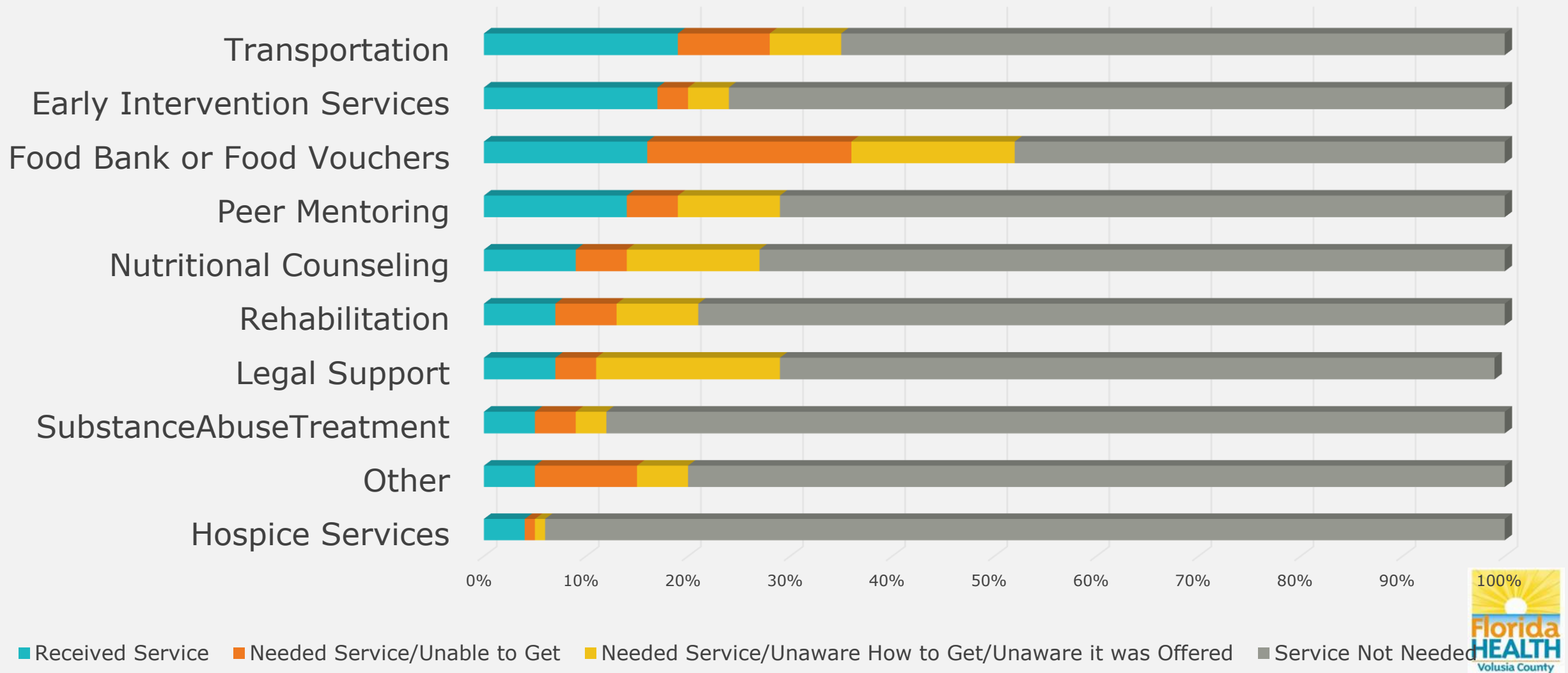


- N/A I was able to get HIV services after my release.
- I was having trouble finding friends I could trust
- I did not have transportation to get services
- I did not have ID or documentation to qualify

HIV Care information (cont.)



HIV Care information (cont.)



HIV/AIDS Epidemiology

Area 12: Volusia and Flagler Counties

HIV/AIDS Case Data

- AIDS Cases became reportable in Florida in 1981
- HIV (not AIDS) became reportable in Florida on July 1, 1997
- HIV infection reporting represents new adult HIV infection cases, regardless of AIDS status at the time of report, that were previously reported
- AIDS cases and HIV infection cases by year of report are NOT mutually exclusive and CANNOT be added together
- Frozen databases of year-end data are generated at the end of each calendar year. This is the same data used for Florida CHARTS and all grant-related data where annual data are included
- HIV prevalence data are generated later in the year, usually in July, when most of the “expected” death data are complete

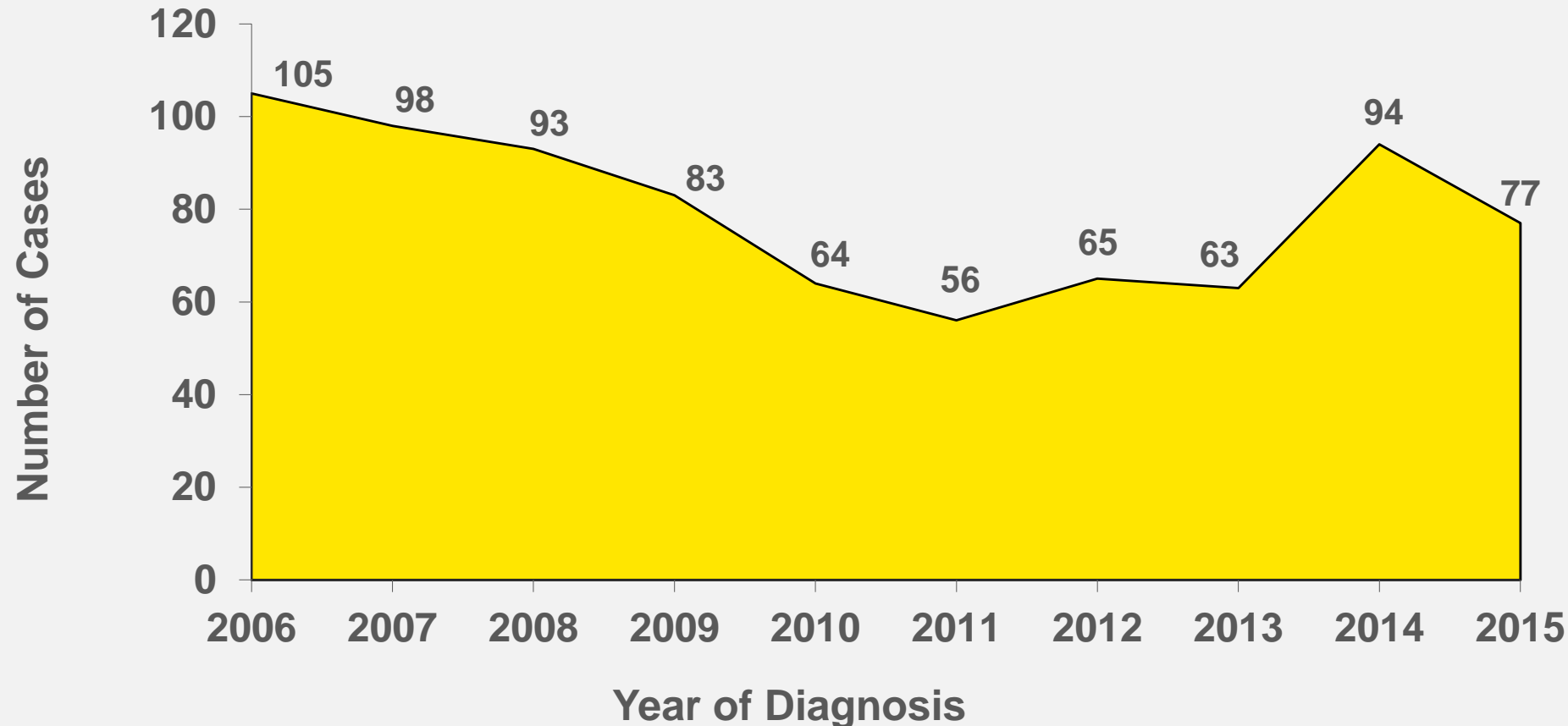
HIV/AIDS Case Data (cont.)

- Adult cases represent ages 13 and older, pediatric cases are those under the age of 13. For the data by year, the age is by age of diagnosis. For living data, the age is by current age at the end of the most recent calendar year, regardless of age at diagnosis.
- Unless otherwise noted, whites are non-Hispanics and blacks are non-Hispanic.
- Unless otherwise noted, area and county data will exclude Department of Corrections cases.

Snapshot of Persons Reported with HIV, 2015

	HIV Infection and AIDS Cases Diagnosed in 2015*		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
HIV Infection Cases	77	-	77
AIDS Cases	40	-	40
*HIV infection cases and AIDS cases by year of report are NOT mutually exclusive and CANNOT be added together.			
Total Population, 2015	Cumulative HIV/AIDS Cases Diagnosed 1981-2015		
	Adults (Age 13+)	Pediatrics (Age <13)	TOTAL
611,482			
HIV (not AIDS) Cases**	742	17	759
AIDS Cases	2,026	18	2,044
Total	2,768	35	2,803
**HIV (not AIDS) cases were NOT reportable until 07/1997			
Persons Living with HIV Disease through 2015, as of 06/30/2016:			1,818

HIV Infection Cases and Rates* by Year and Diagnosis, 2006 -2015



Year	Rate
06	18.1
07	16.6
08	15.7
09	14.1
10	10.8
11	9.5
12	10.9
13	10.5
14	15.5
15	12.6

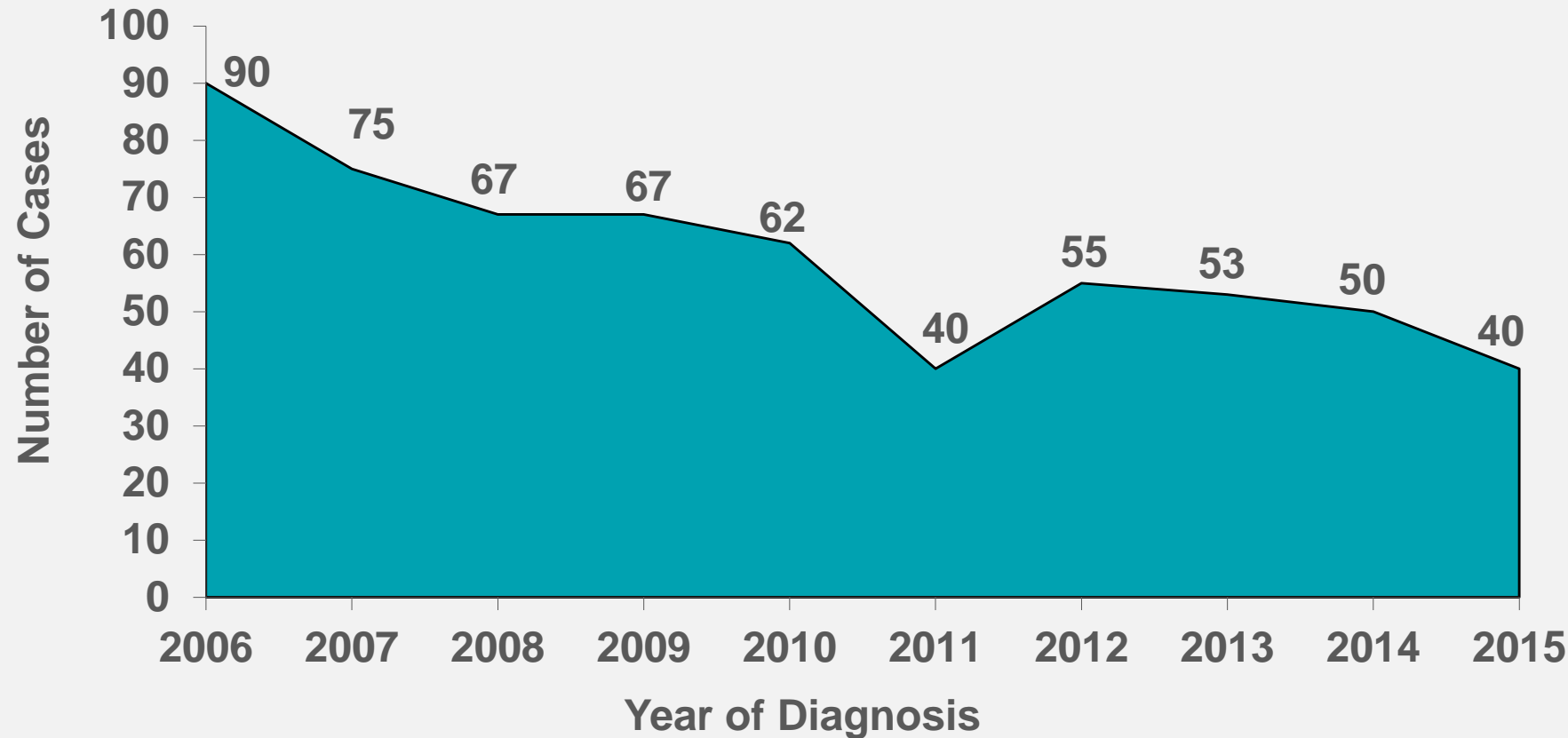
Note: Overall, there was 27% decrease in newly diagnosed HIV infection cases over the past ten years. Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak of newly diagnosed cases of HIV Infection in 2007. This was followed by a general decline in diagnosed cases through 2013. An increase in new HIV infection cases was observed in 2014 and to a lesser extent in 2015.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016. Rates are expressed as per 100,000 population.



AIDS Cases and Rates* by Year of Diagnosis.

2006-2015



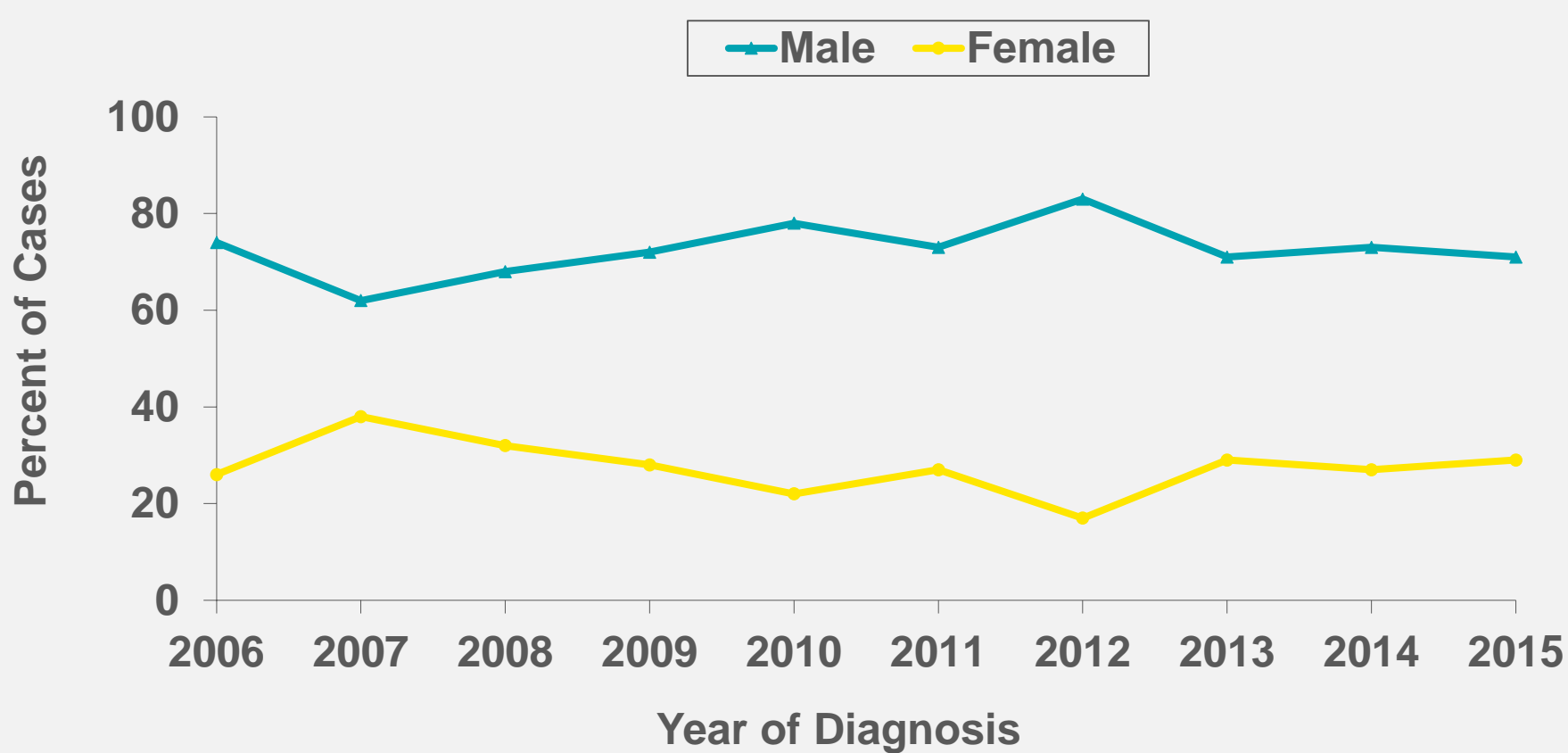
Year	Rate
06	15.5
07	12.7
08	11.3
09	11.3
10	10.5
11	6.8
12	9.2
13	8.8
14	8.3
15	6.5

Enhanced laboratory reporting (ELR) laws in 2006 and the expansion of ELR in 2007 led to an artificial peak in newly diagnosed cases of AIDS in 2008. This was followed by a general decline in diagnosed cases through 2011. Another surge in the expansion of ELR in 2012 was followed by another increase in newly diagnosed cases of AIDS in 2013. In 2015, AIDS cases fell by 20% from the previous year. This is more than the 3% decline in AIDS cases observed by the state during the same time period.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016. Rates are expressed as per 100,000 population.

Adult HIV Infection Cases by Sex and Year of Report

2006-2015

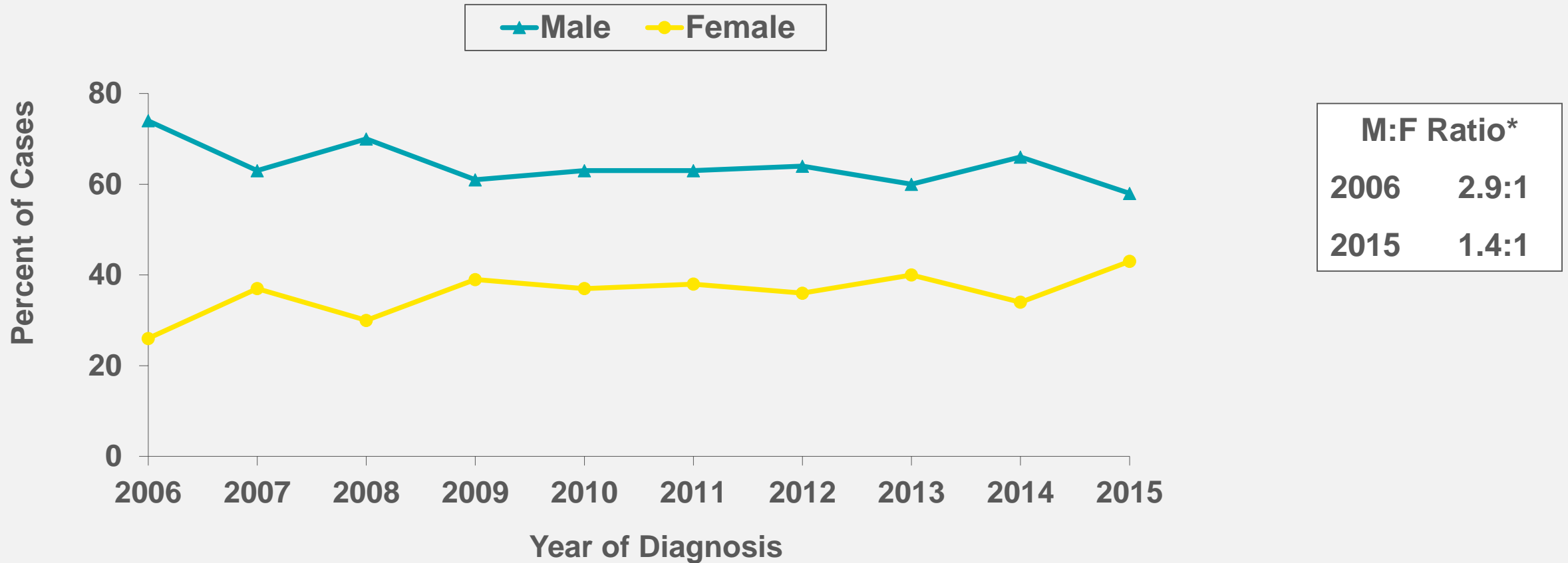


M:F Ratio*	
2006	2.9:1
2015	2.5:1

Note: Recent trends in HIV transmission are best described by the HIV case data. The relative increases in male HIV infection cases might be attributed to proportional increases in HIV transmission among men who have sex with men (MSM), which may influence future AIDS trends. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

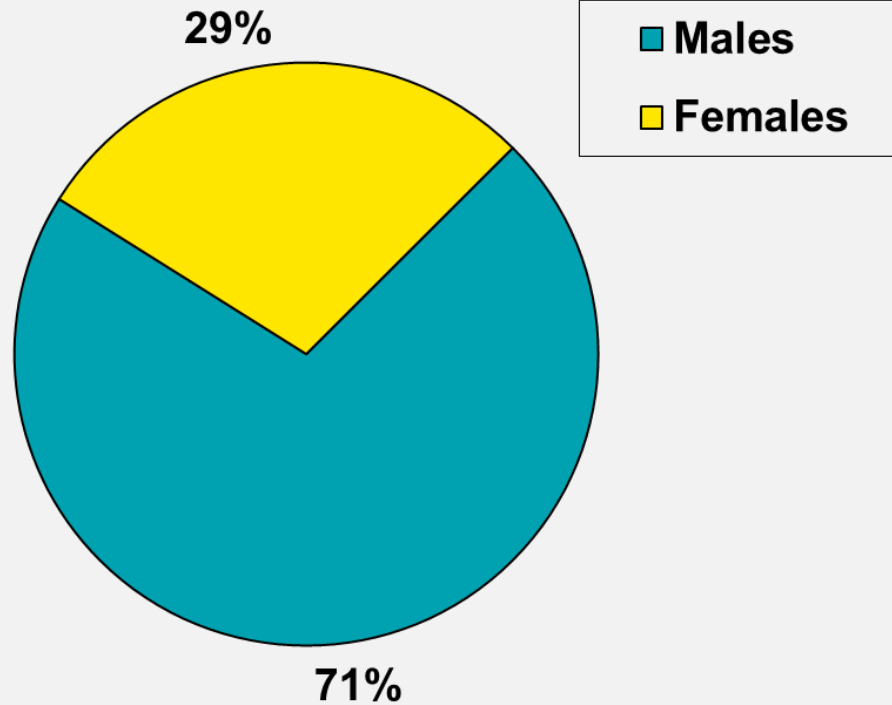
Adult AIDS Cases by Sex and Year of Report

2006-2015

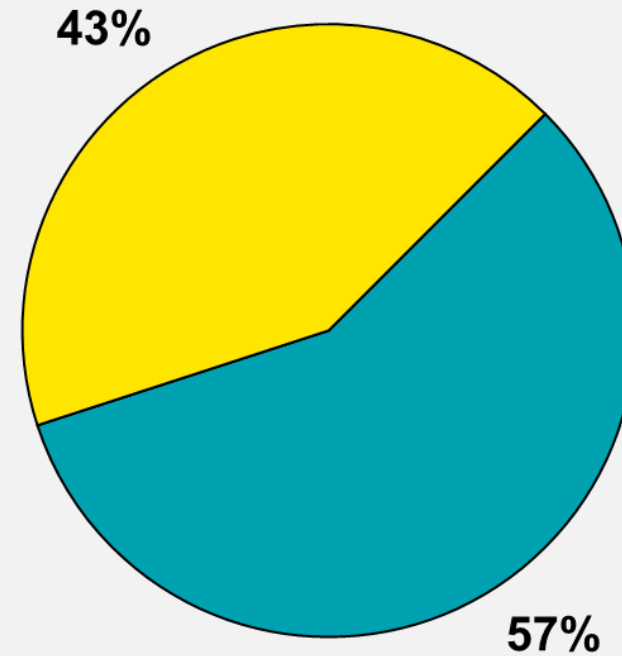


Note: AIDS cases tend to represent HIV transmission that occurred many years ago. The relative increases in males cases reflect the changing face of the AIDS epidemic over time. *The male-to-female ratio is the number of cases among males divided by the number of cases among females.

Adult HIV Infection and AIDS Cases by Sex Diagnosed in 2015

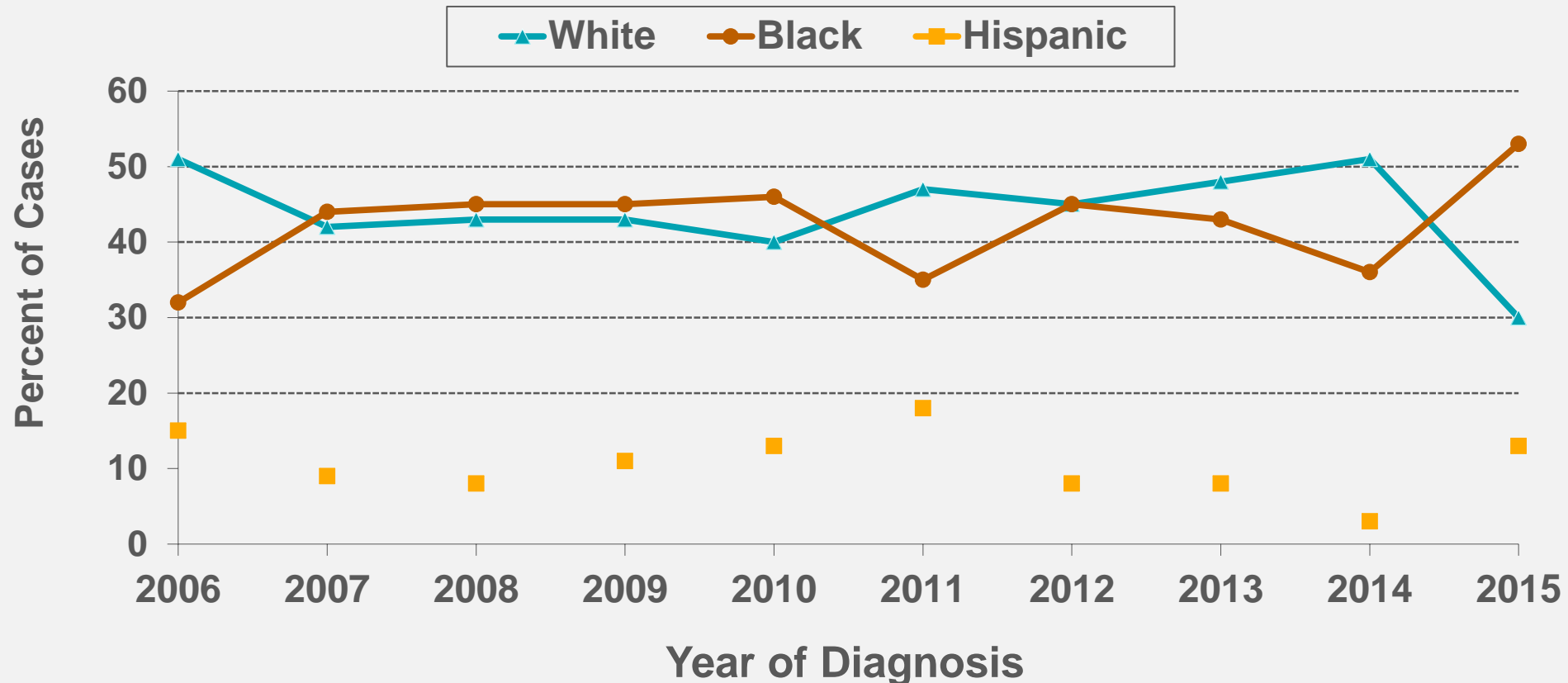


HIV Infection
N=77



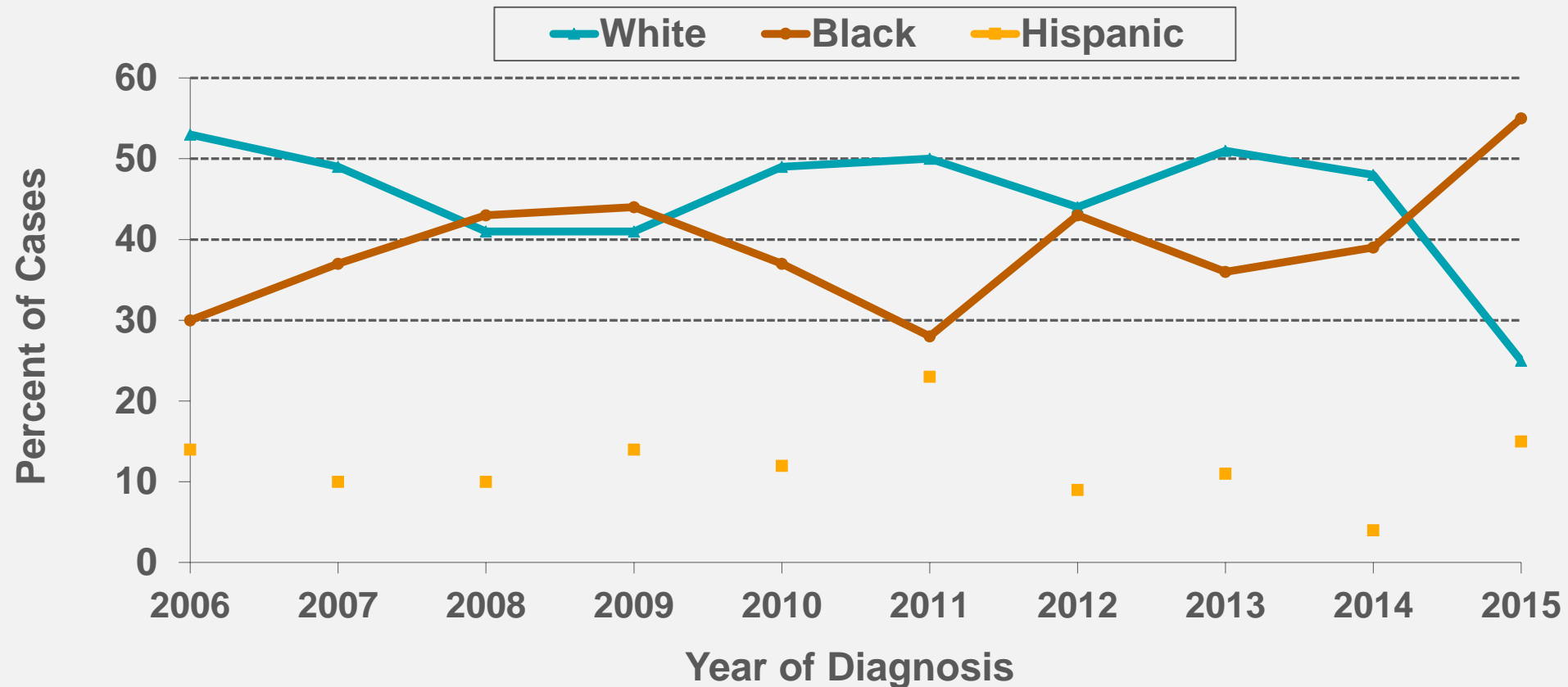
AIDS
N=40

Adult HIV Infection Cases by Race/Ethnicity and Year of Diagnosis 2006-2015



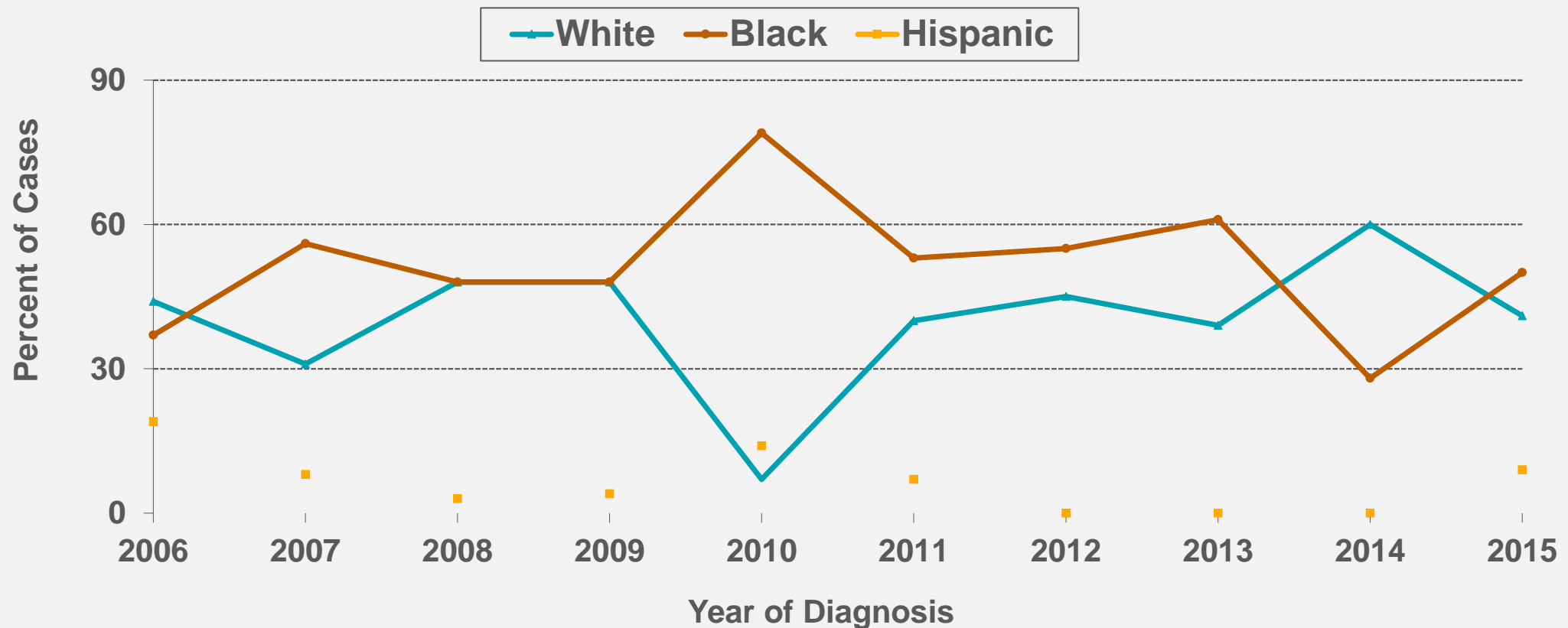
Note: HIV case reporting reflects more recent trends in the epidemic with respect to the distribution of cases by race/ethnicity. From 2006 to 2015, the proportion of HIV infection cases among whites and Hispanics decreased by 21 and 2 percentage points, respectively. In contrast, the proportion of HIV infection cases among blacks increased by 21 percentage points over the same time period. Other races represent less than 3% of the cases and are not included.

Adult Male HIV Infection Cases by Race/Ethnicity and Year of Diagnosis 2006-2015



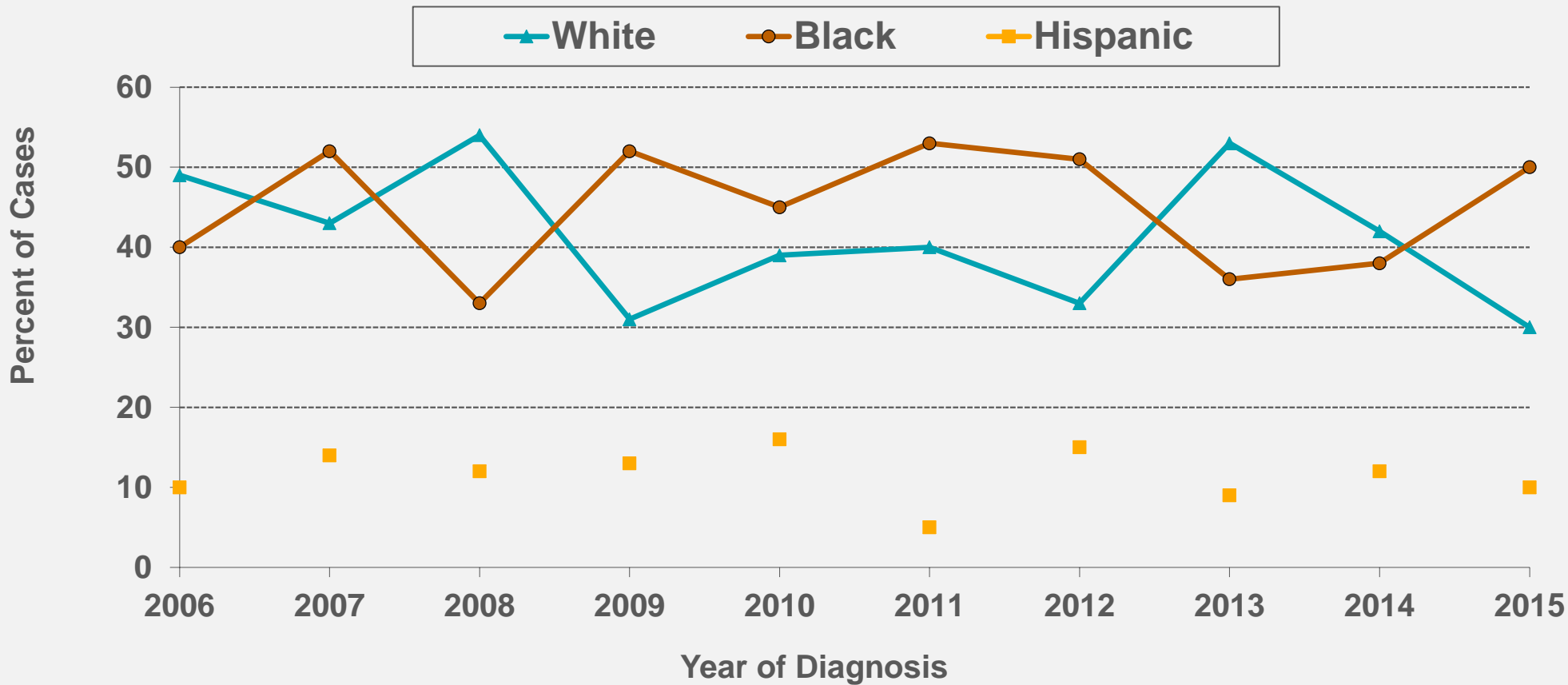
Note: From 2006 to 2015, the proportion of HIV infection cases among Hispanic and black males increased by 1 and 25 percentage points, respectively. In contrast, the proportion of HIV infection cases among white males decreased by 28 percentage points during the same time period. Other races represent less than 4% of the cases and are not included.

Adult Female HIV Infection Cases by Race/Ethnicity and Year of Diagnosis 2006-2015



Note: The proportion of black and white adult female HIV infection cases shifted up and down over the years, oftentimes, crossing paths. From 2006 to 2015, the proportion of adult female HIV infection cases among Hispanics and whites decreased by 10 and 3 percentage points, respectively. In contrast, the proportion of adult female HIV cases among blacks increased by 13 percentage points during the same time period. Other races represent less than 5% of the cases and are not included.

Adult AIDS Cases by Race/Ethnicity and Year of Diagnosis 2006-2015

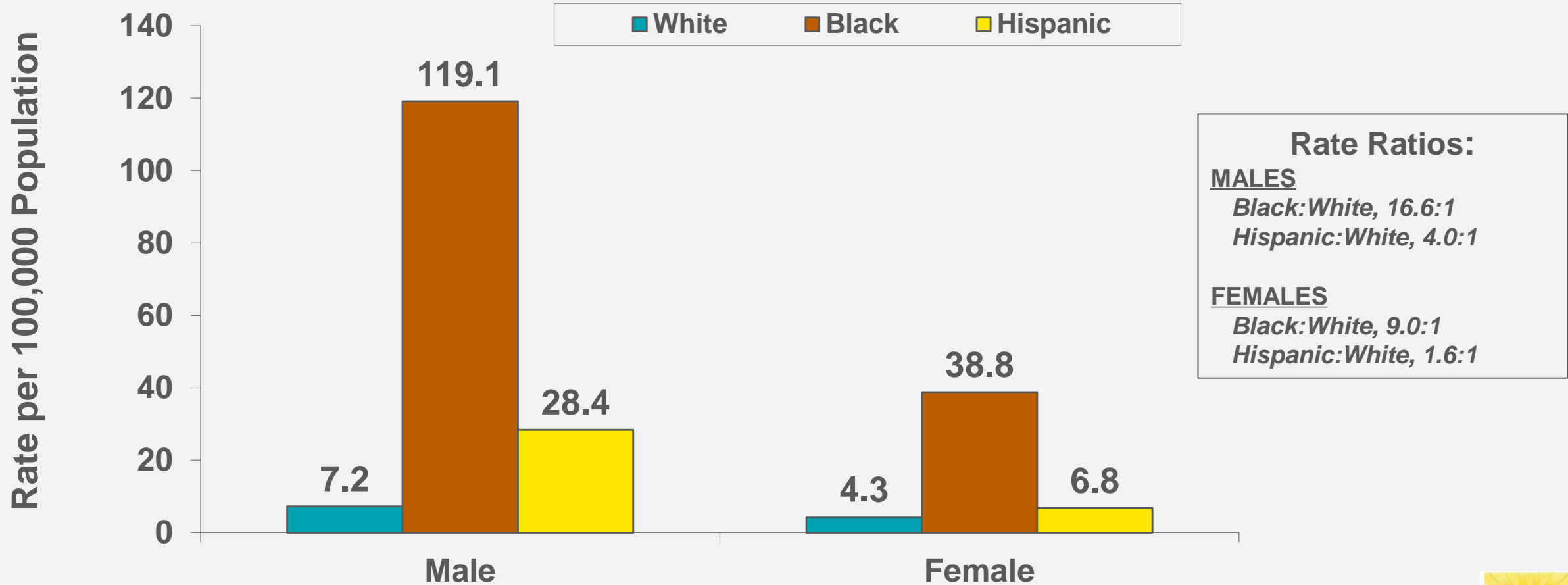


Factors Affecting Disparities

- Late diagnosis of HIV.
- Access to/ acceptance of care.
- Delayed prevention messages.
- Stigma.
- Non-HIV STD's in the community.
- Prevalence of injection drug use.
- Complex matrix of factors related to socioeconomic status

Note: In 2015, blacks accounted for 50% of adult AIDS cases, but only 10% of the population. Over the past ten years, the proportion of AIDS cases among blacks and whites fluctuated over time, oftentimes, crossing paths. From 2006 to 2015, the proportion of adult AIDS cases among blacks increased by 10 percentage points. In contrast, the proportion of adult AIDS cases among whites decreased by 19 percentage points, whereas the proportion of AIDS cases among Hispanics remained relatively level during the same time period. Numerous disparities can affect the increases of HIV disease in a given population. Other races represent less than 3% of the cases and are not included.

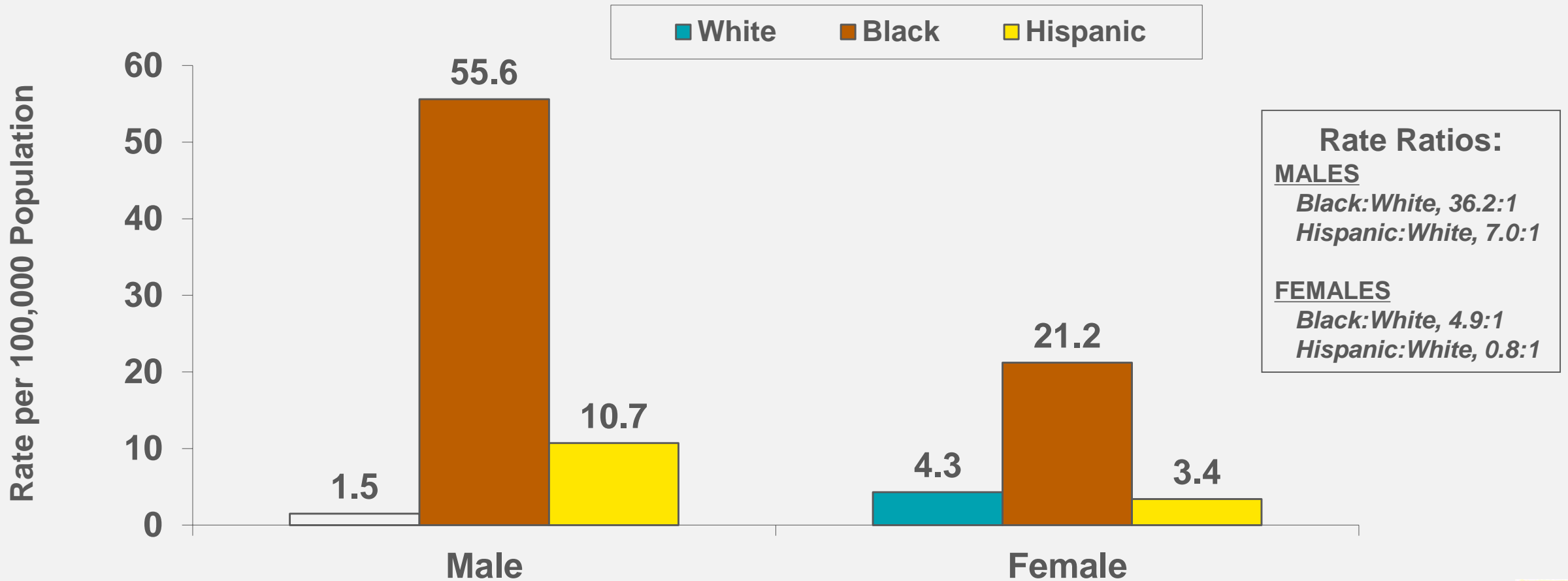
Adult HIV Infection Case Rates* by Sex and Race/Ethnicity, Diagnosed in 2015



Note: Among black males, the HIV case rate is nearly 17-fold greater than the rate among white males. Likewise among black females, the HIV case rate is 9 times higher than the rate among white females. Among Hispanic males and females, the HIV case rate is higher than the rate among white their white counterparts.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016.

Adult AIDS Case Rates* by Sex and Race/Ethnicity, Diagnosed in 2015

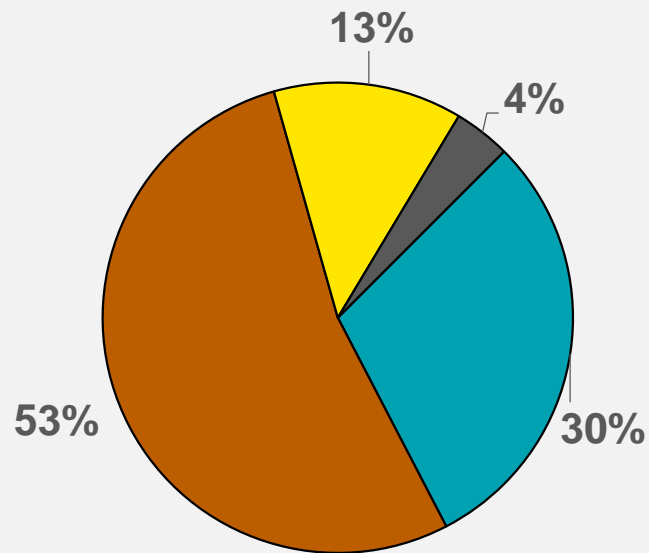


Note: Among black males, the AIDS case rate is 36-fold greater than the rate among white males. Among black females, the AIDS case rate is nearly 5 times higher than the rate among white females. Hispanic male rate is 7 times higher than the rate among their white counterpart, while the Hispanic female rate is slightly lower than the rate among their white counterpart.

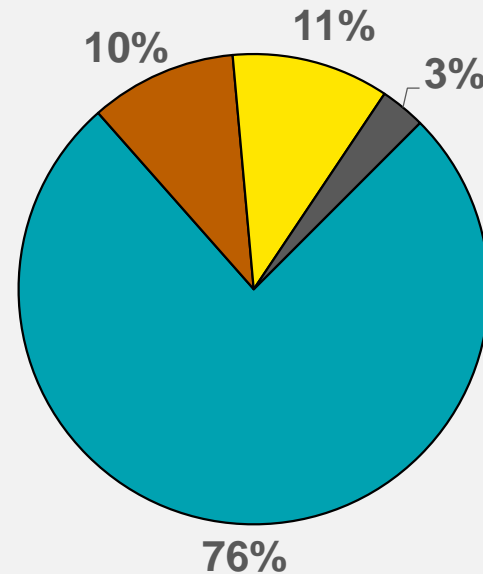
*Source: Partnership 12 population estimates are provided by Florida CHARTS as of 6/20/2016.

Adult HIV and AIDS Cases Diagnosed in 2015 and Population Data by Race/Ethnicity

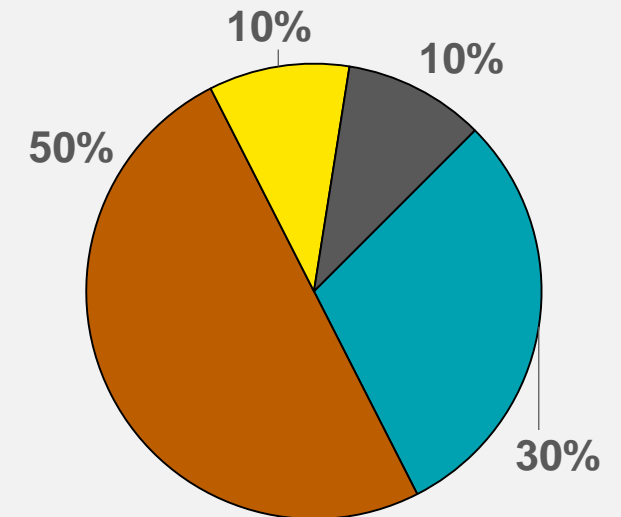
HIV Infection
N=77



**2015 Partnership 12
Population Estimates***
N=531,463

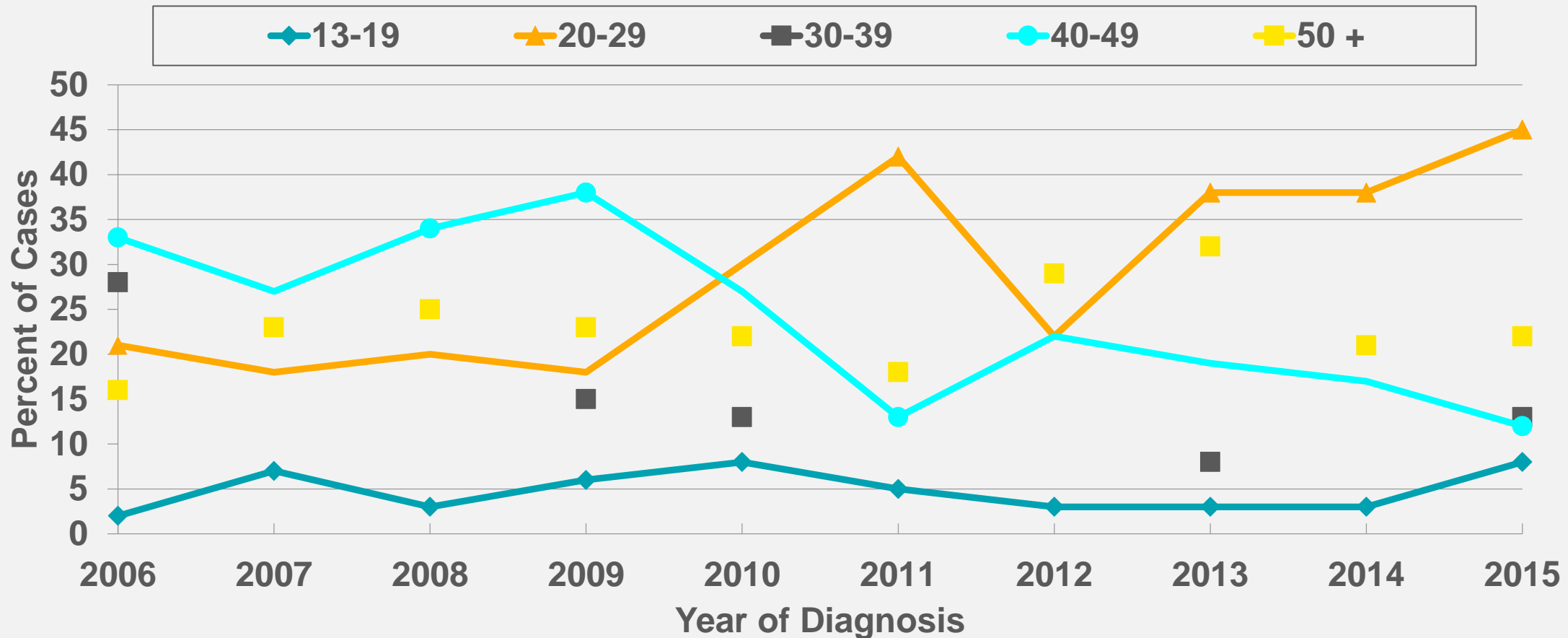


AIDS
N=40



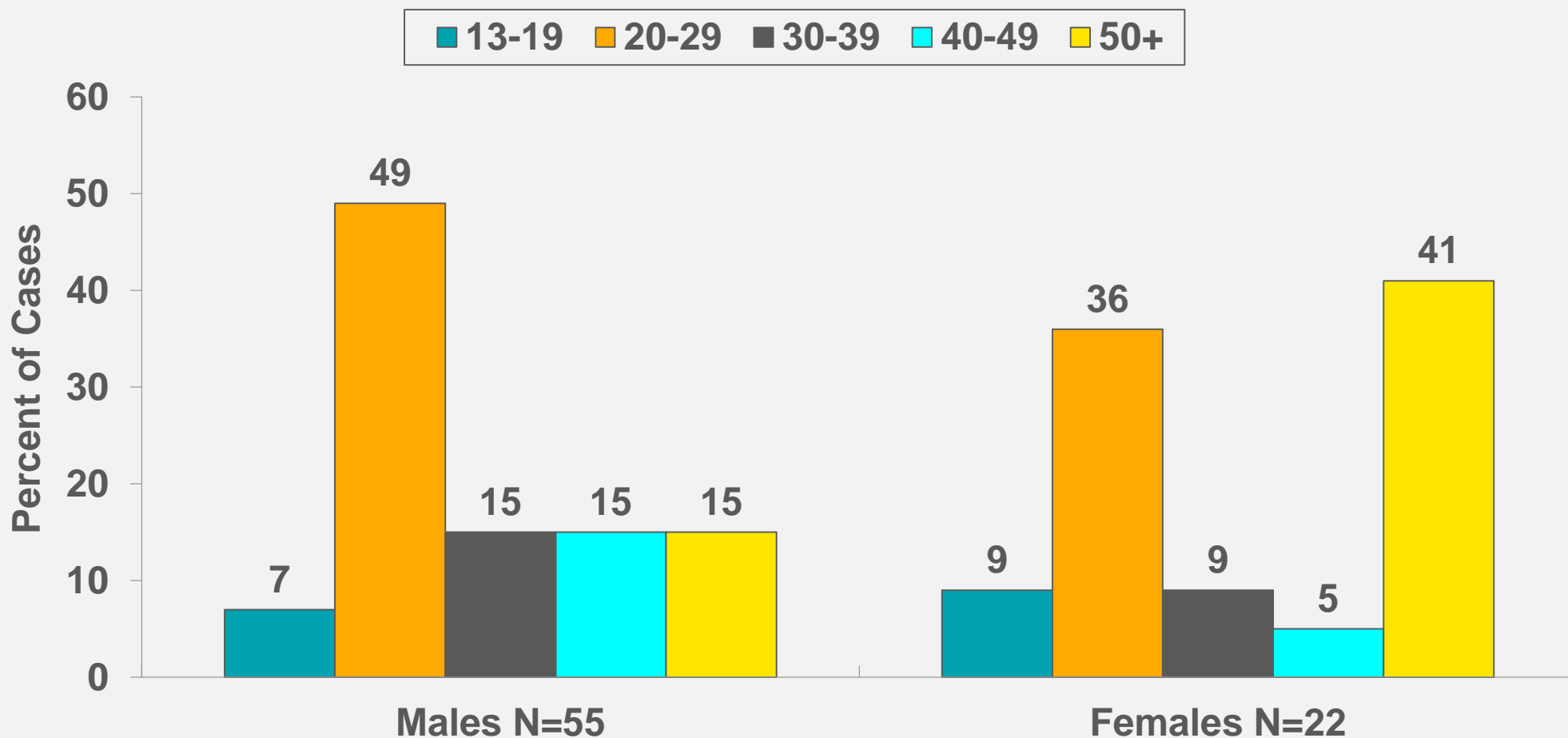
■ White ■ Black ■ Hispanic ■ Other**

Adult HIV Infection Cases by Age Group at Diagnosis and Year of Report 2006-2015



Note: From 2006 to 2015, the proportion of adult HIV infection cases among those aged 13-19, 20-29 and 50 or older, increased by 6, 24 and 6 percentage points, respectively.

Adult HIV Infection Cases by Sex and Age Group at Diagnosis Reported in 2015

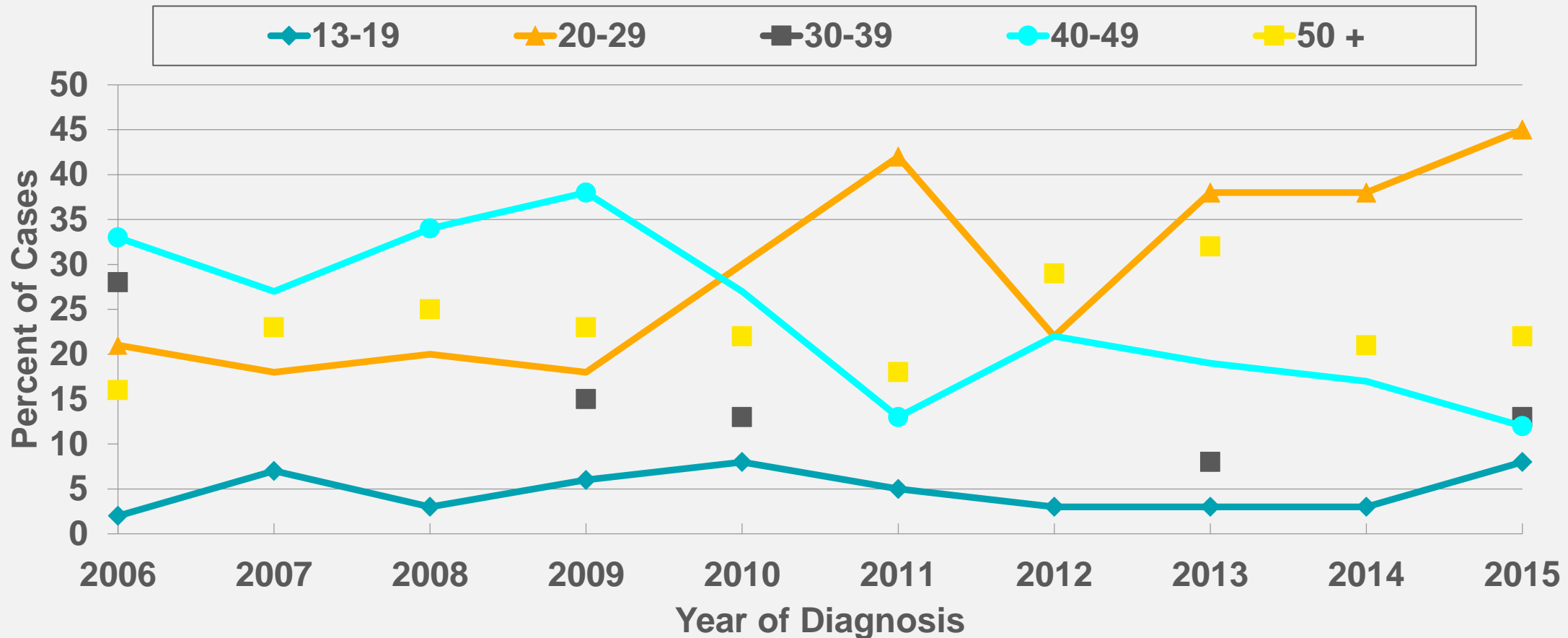


Note: HIV infection cases tend to reflect more recent transmission than AIDS cases, and thus present a more current picture of the epidemic. With regard to the age group with the highest percent of HIV infection cases, recent estimates show that among males, 49% of HIV infection cases occur among those aged 20-29, whereas among females, 41% of HIV infection cases occur among those in the 50 or older age group.

Definitions of Mode of Exposure Categories

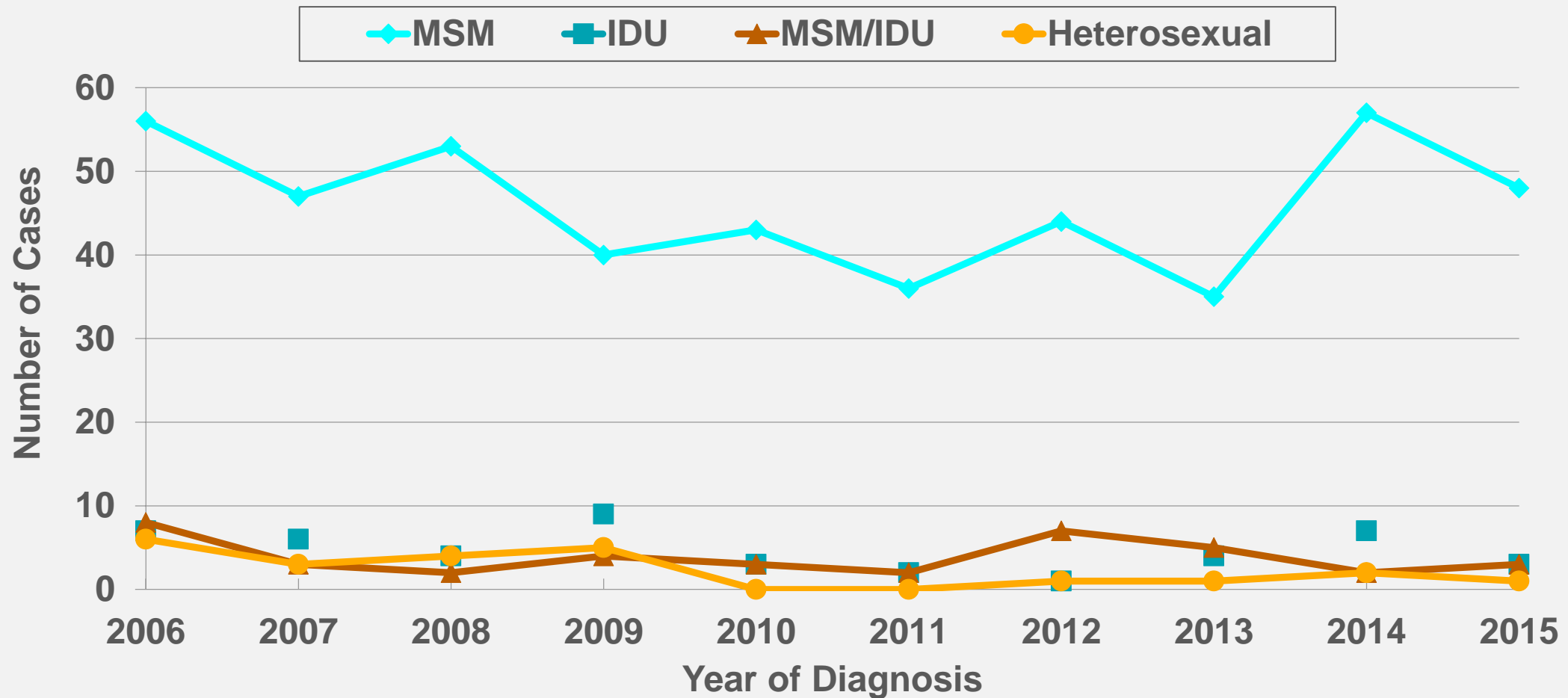
- MSM – Men who have sex with men or male-to-male sexual contact with person with HIV/AIDS or known HIV risk
- IDU – Injection drug user
- MSM/IDU – Men who have sex with men or male-to-male sexual contact & injection drug user
- Heterosexual – Heterosexual contact with person with HIV/AIDS or known HIV risk
- Other – includes hemophilia, transfusion, perinatal, other pediatrics risks and other confirmed risks
- NIR – Cases reported with no identified risk
- Redistribution of NIRs – This illustrates the effect of statistically assigning (redistributed) the NIRs to recognized exposure (risk) categories by applying the proportions of historically reclassified NIRs to the unresolved NIRs

Adult HIV Infection Cases by Age Group at Diagnosis and Year of Report 2006-2015



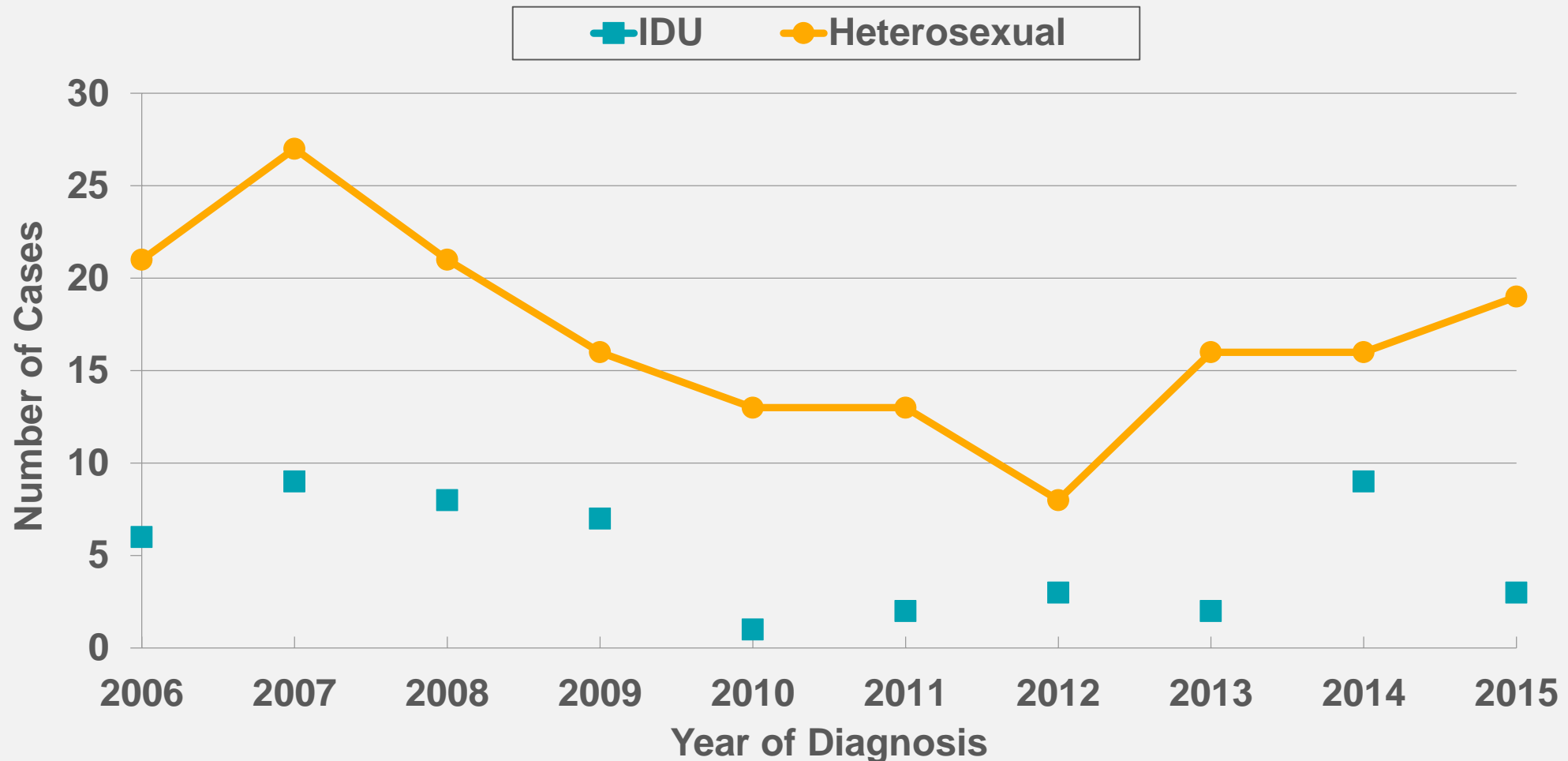
Note: From 2006 to 2015, the proportion of adult HIV infection cases among those aged 13-19, 20-29 and 50 or older, increased by 6, 24 and 6 percentage points, respectively.

Adult Male HIV Cases by Mode of Exposure and Year of Diagnosis, 2006-2015



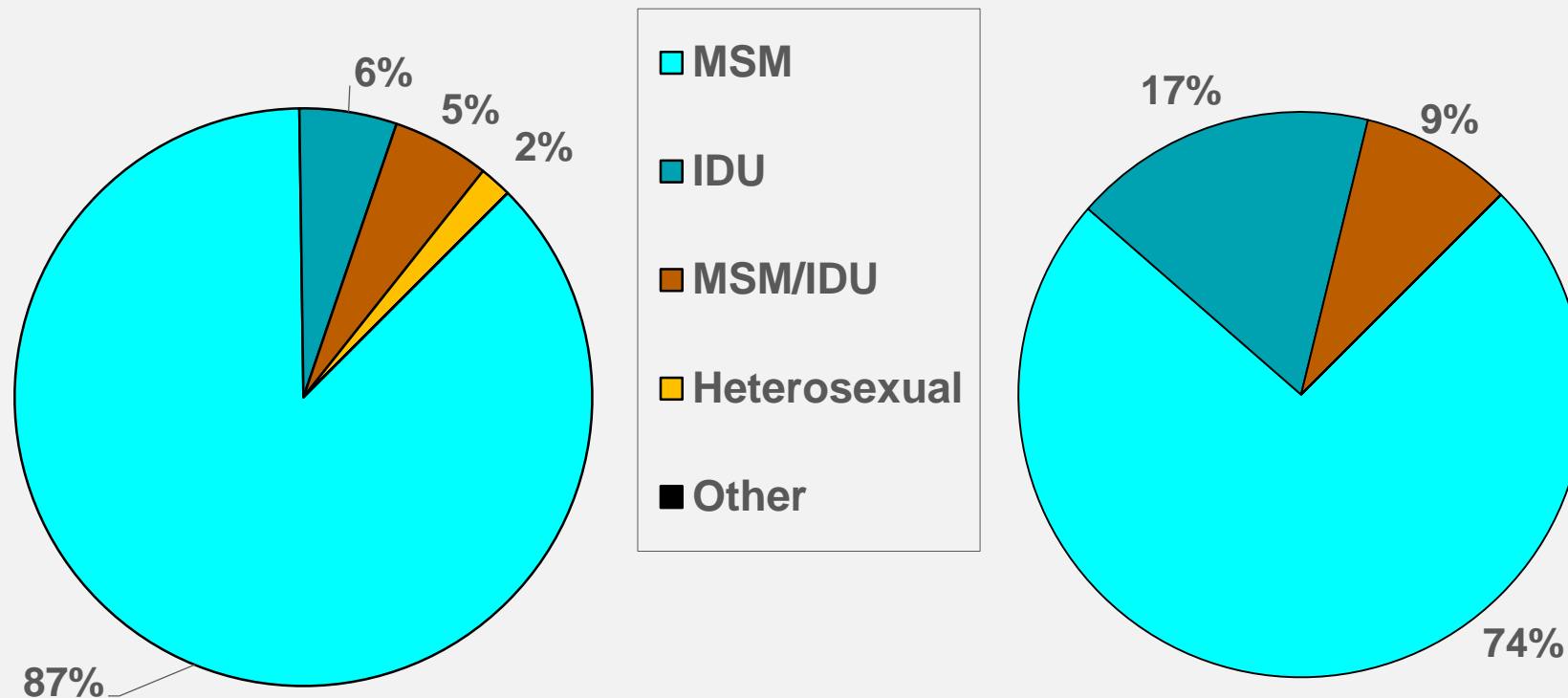
Note: For most years, male-to-male sexual contact (MSM) remains as the primary mode of exposure among male HIV cases in Partnership 12.

Adult Female HIV Infection Cases by Exposure Category and Year of Diagnosis, 2006-2015



Note: The heterosexual risk continues to be the dominant mode of exposure among females.

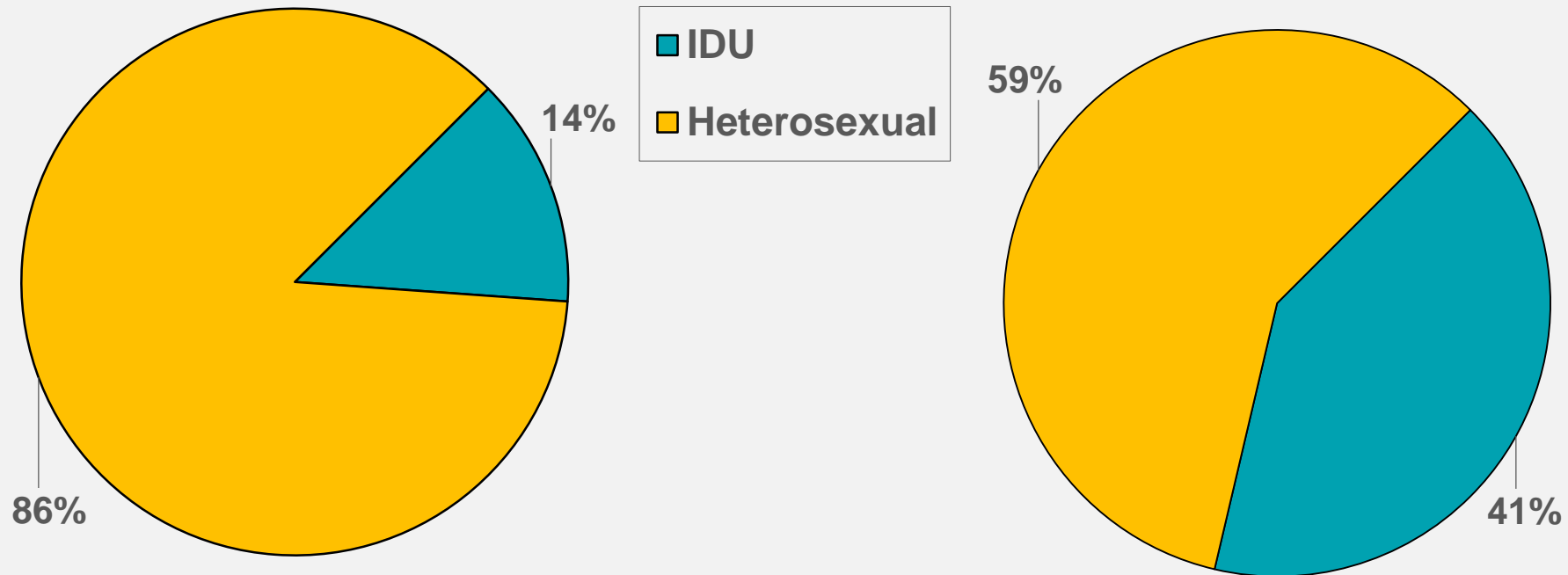
Adult Male HIV Infection and AIDS Cases by Mode of Exposure Diagnosed in 2015



HIV Infection
N=55

AIDS
N=23

Adult Female HIV Infection and AIDS Cases by Mode of Exposure Diagnosed in 2015



HIV Infection
N=22

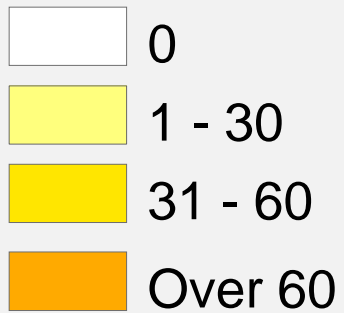
AIDS
N=17

Cases Living with HIV Disease

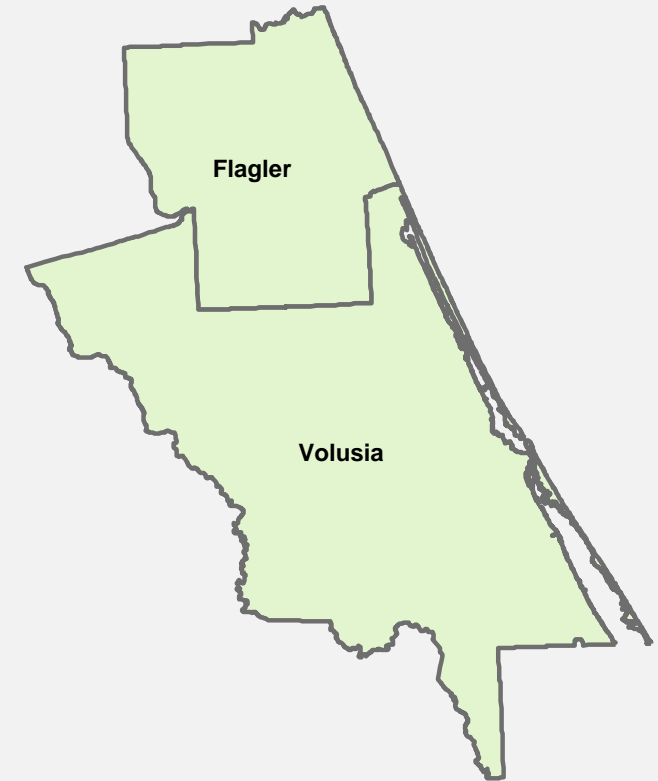
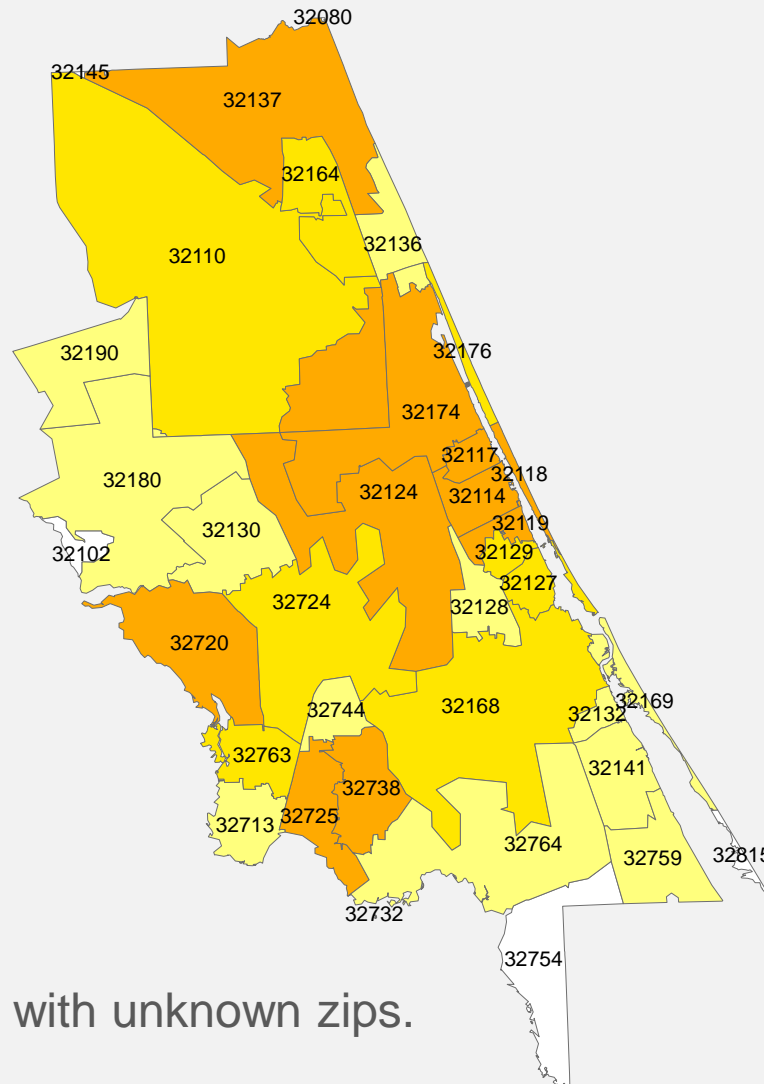
Unless otherwise noted, data in the following slides represent persons living with HIV/AIDS (PLWHAs), who were living in Florida (regardless where diagnosed) through the most recent calendar year. Living data are also referred to as prevalence cases or living with HIV disease.

Adults Living with HIV Disease by Zip Code Diagnosed through 2015

Total Adult Living HIV/AIDS Cases



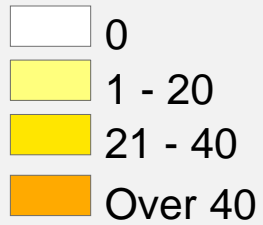
N=1,797



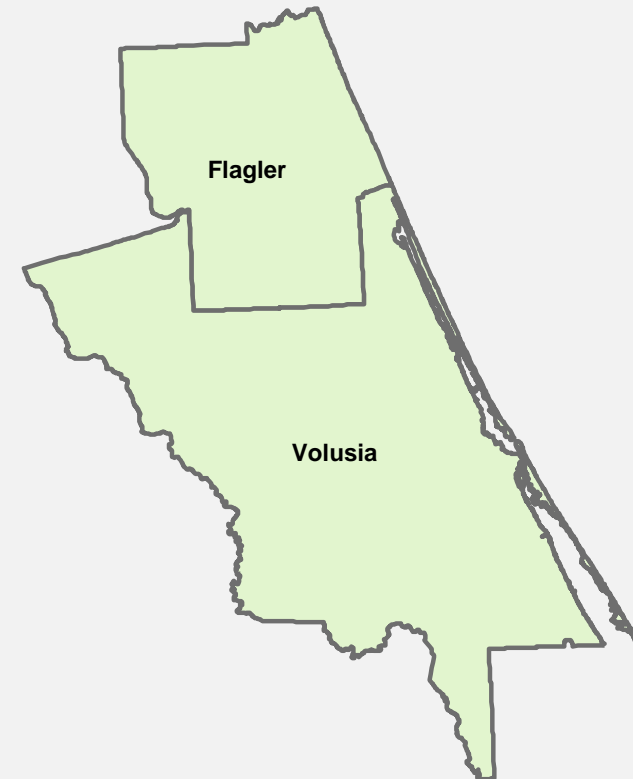
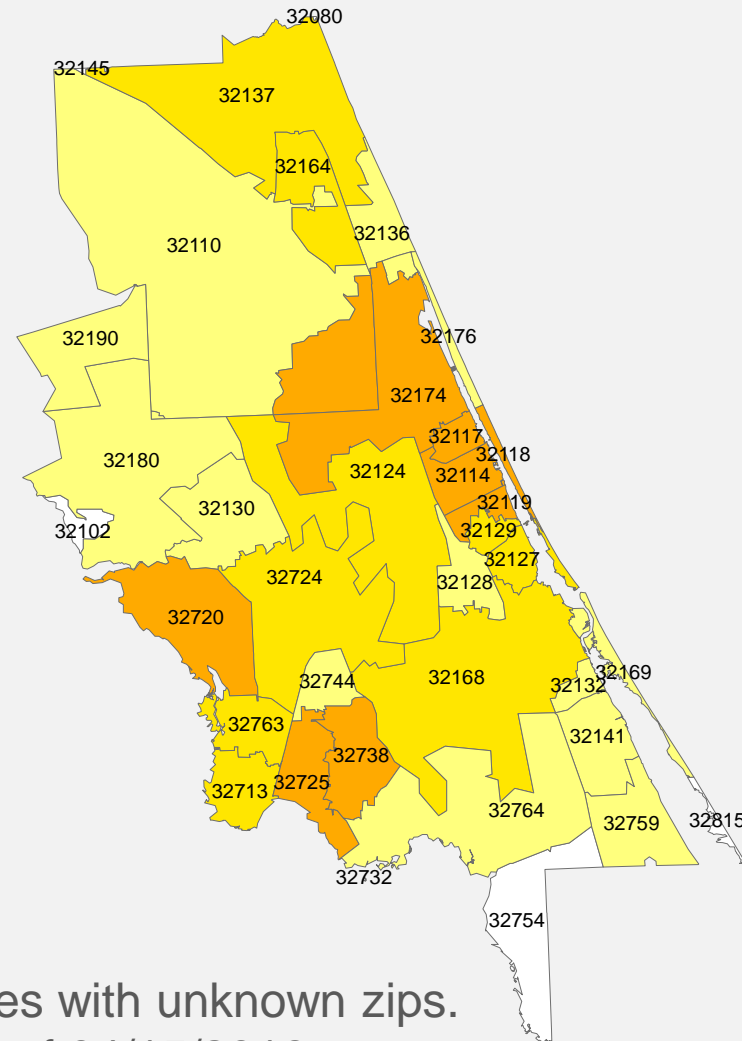
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016

Men who have Sex with Men (MSM)* Living with HIV Disease by Zip Code Diagnosed through 2015

Presumed Living MSM HIV/AIDS Cases



N=1,008

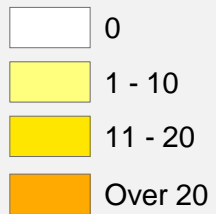


Excludes DOC, homeless, and cases with unknown zips.

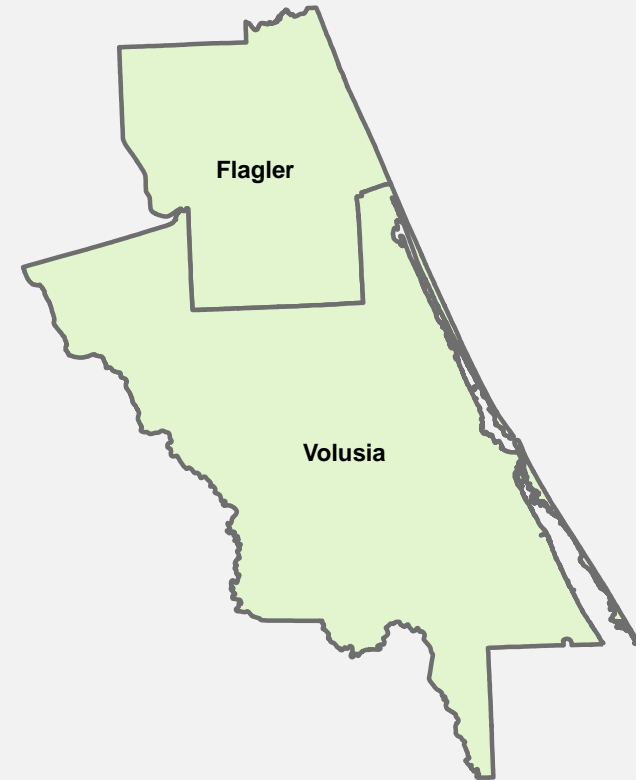
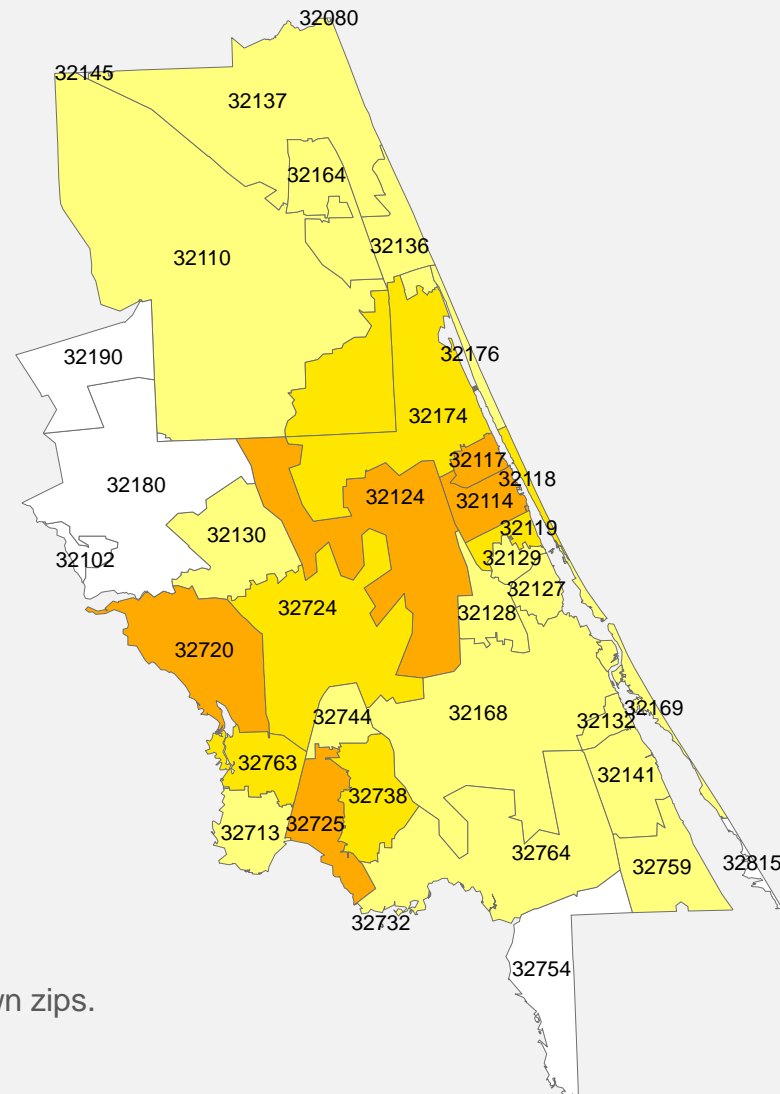
*Includes MSM/IDU cases. Data as of 04/15/2016

Injection Drug Users (IDUs)* Living with HIV Disease by Zip Code Diagnosed through 2015

Presumed Living IDU HIV/AIDS Cases



N=355



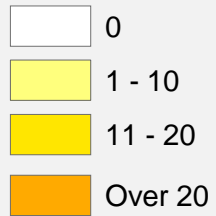
Excludes DOC, homeless, and cases with unknown zips.

*Includes MSM/IDU cases.

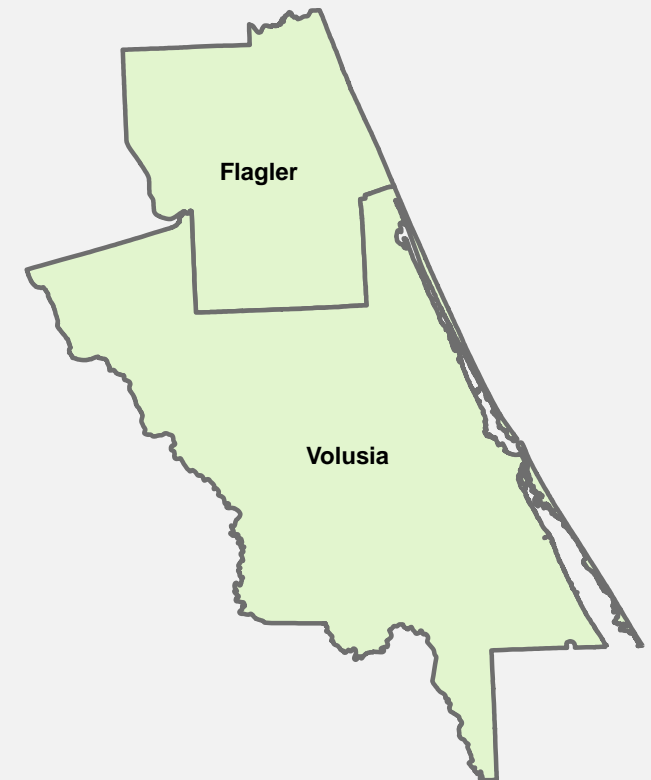
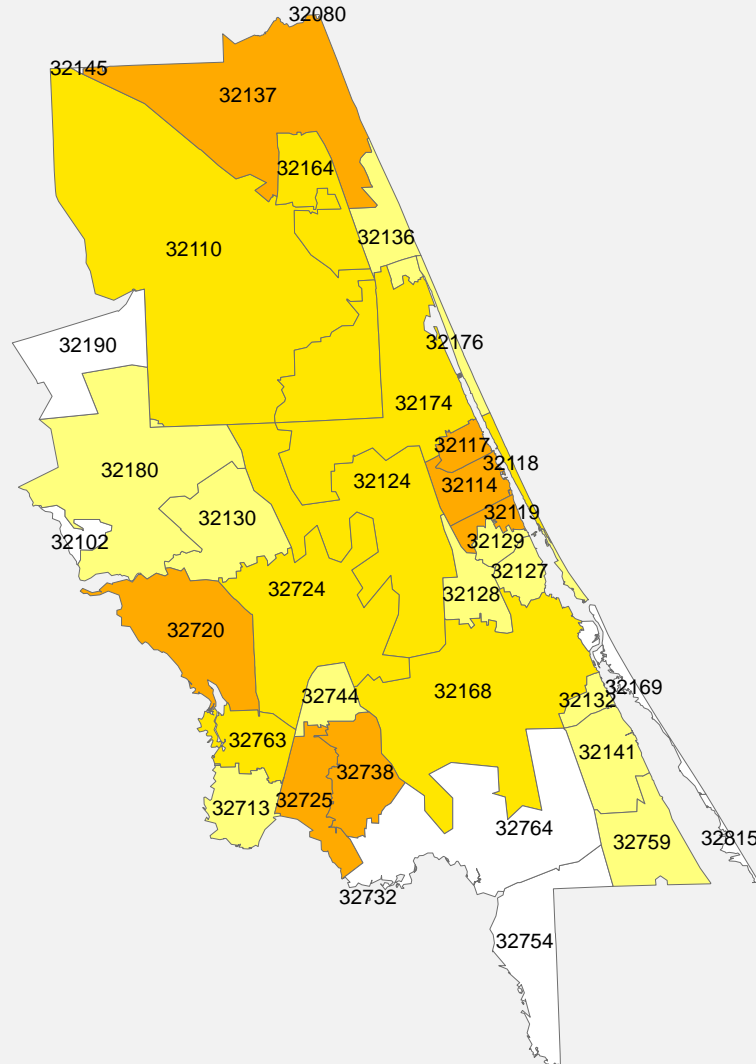
Data as of 04/15/2016

Adult Heterosexuals Living with HIV Disease by Zip Code Diagnosed through 2015

Presumed Living Heterosexual HIV/AIDS Cases



N=494

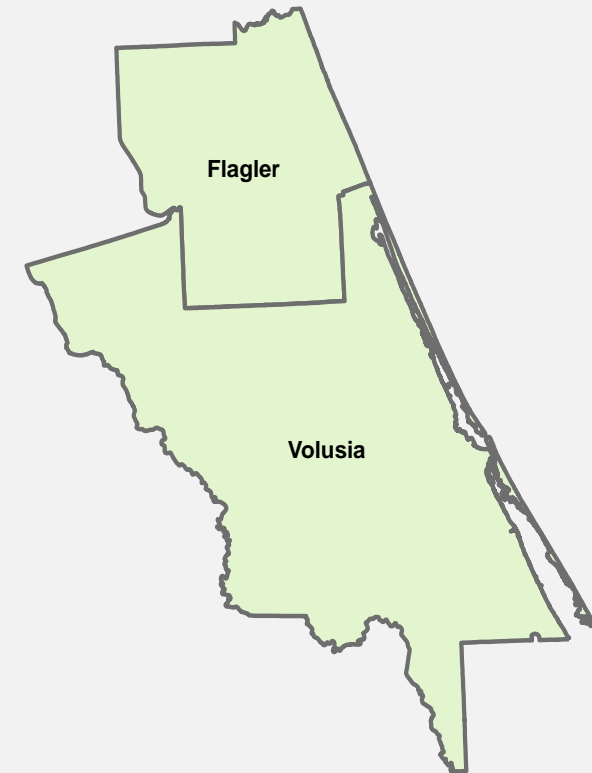
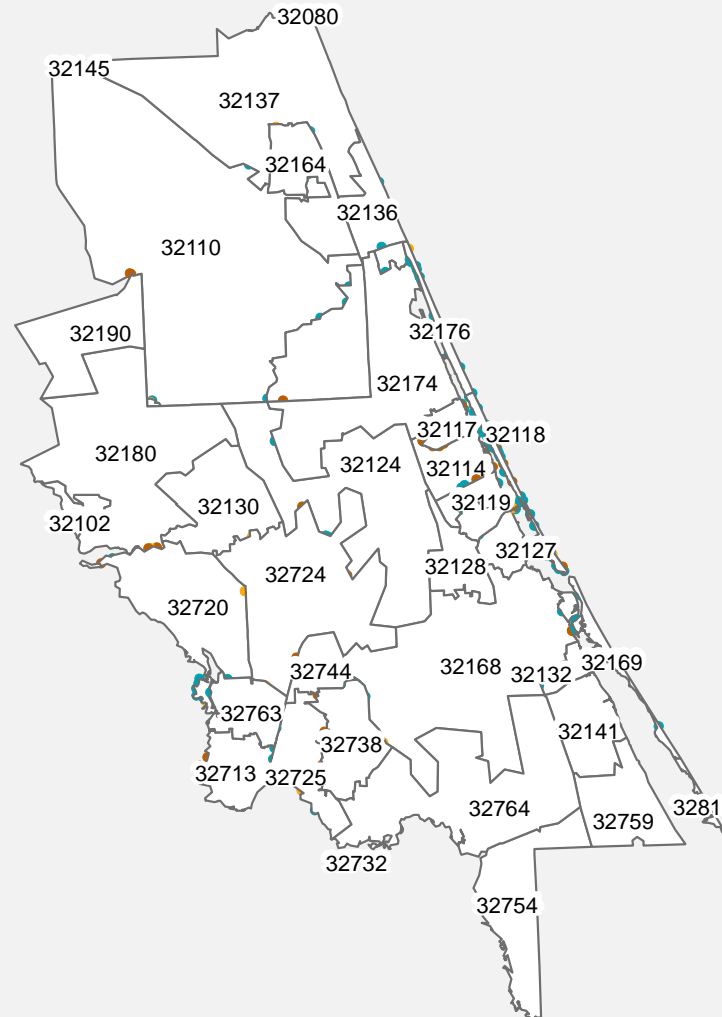


Adults Living with HIV Disease by Zip Code and Race/Ethnicity Diagnosed through 2015

1 Dot = 3 cases
Dots are randomly placed within zip codes.

- Hispanic
- Black, not-Hispanic
- White, not-Hispanic

N=1,748



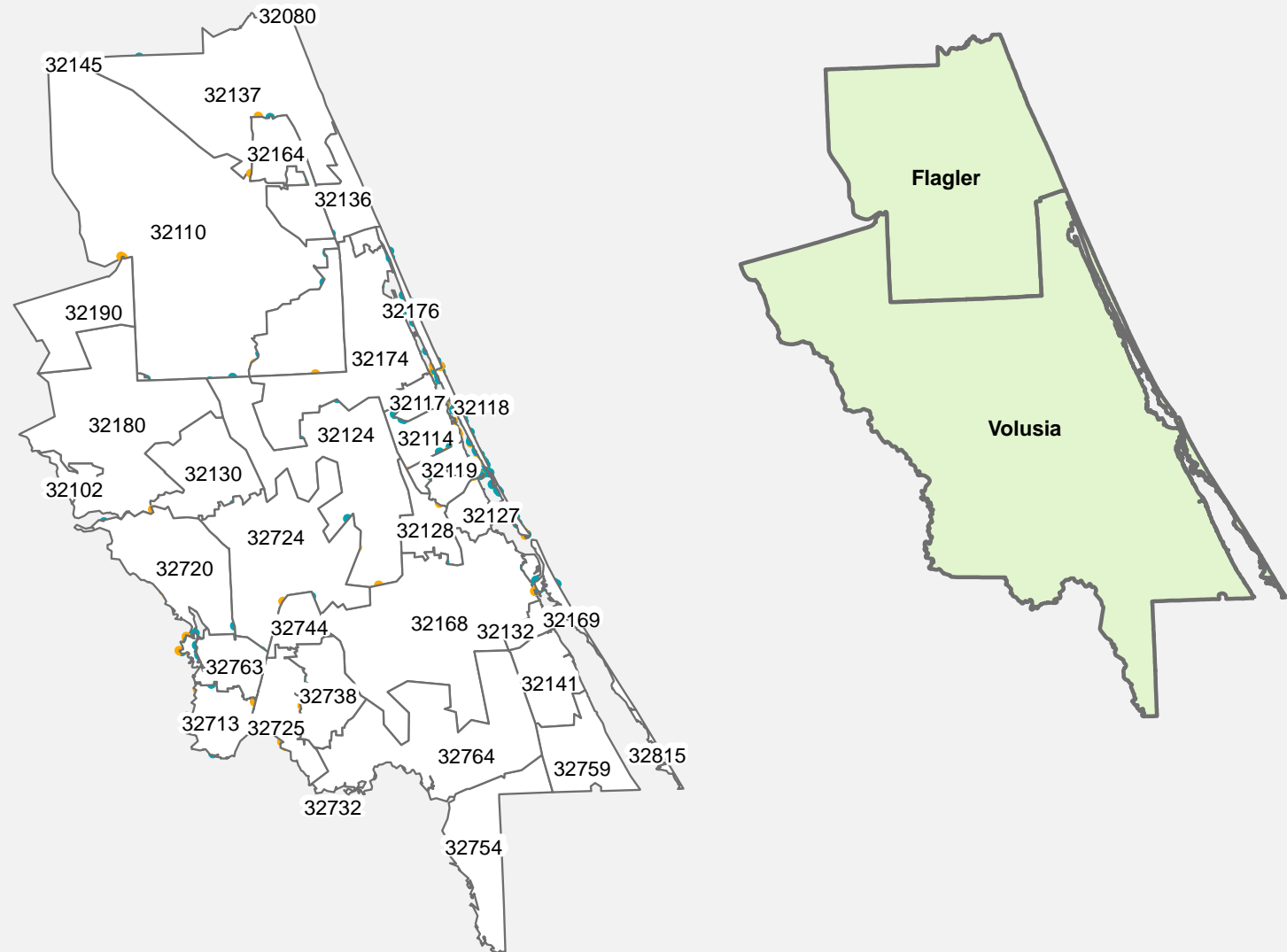
Total includes all races, some which are not on map.
Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016

Adults Living with HIV Disease by Zip Code and Sex Diagnosed through 2015

1 Dot = 3 cases
Dots are randomly placed within zip codes.

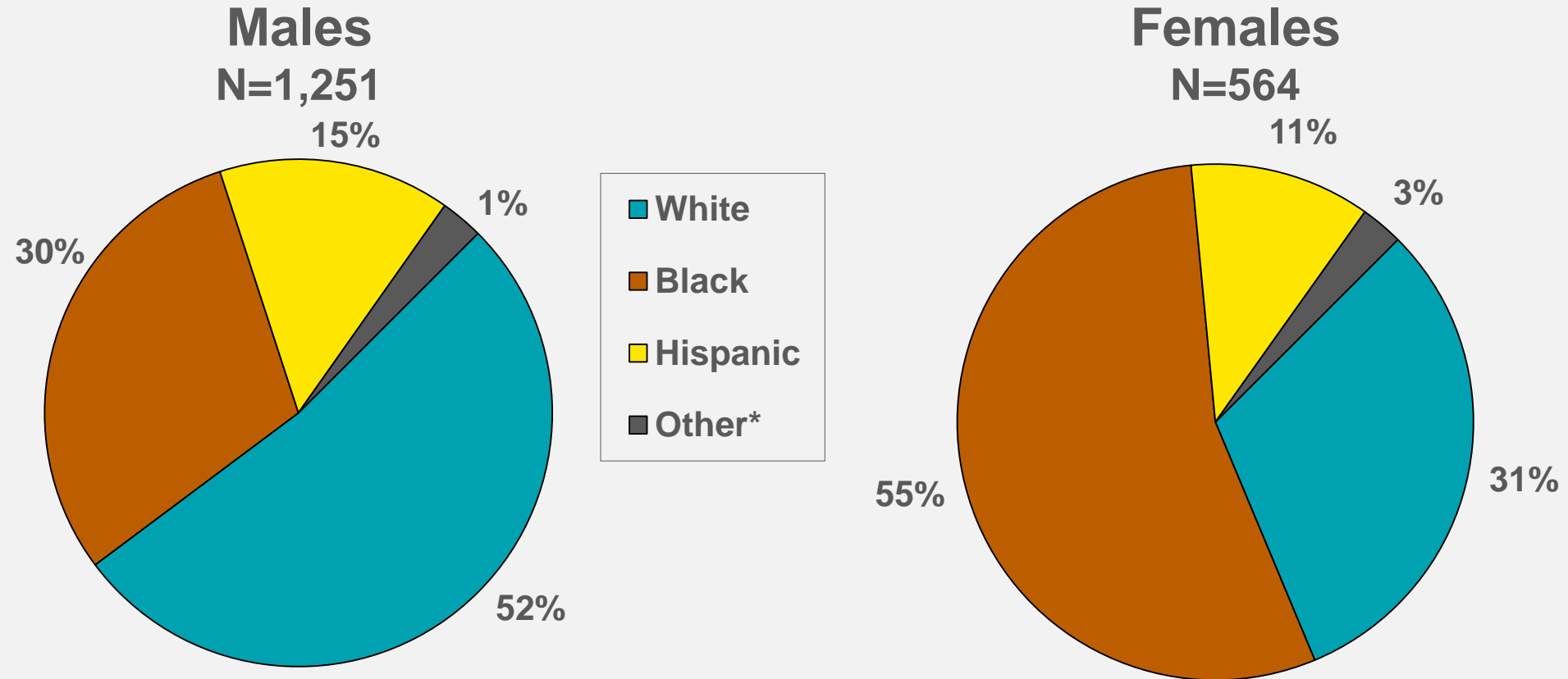
- Male
- Female

N=1,797



Excludes DOC, homeless, and cases with unknown zips.
Data as of 04/15/2016

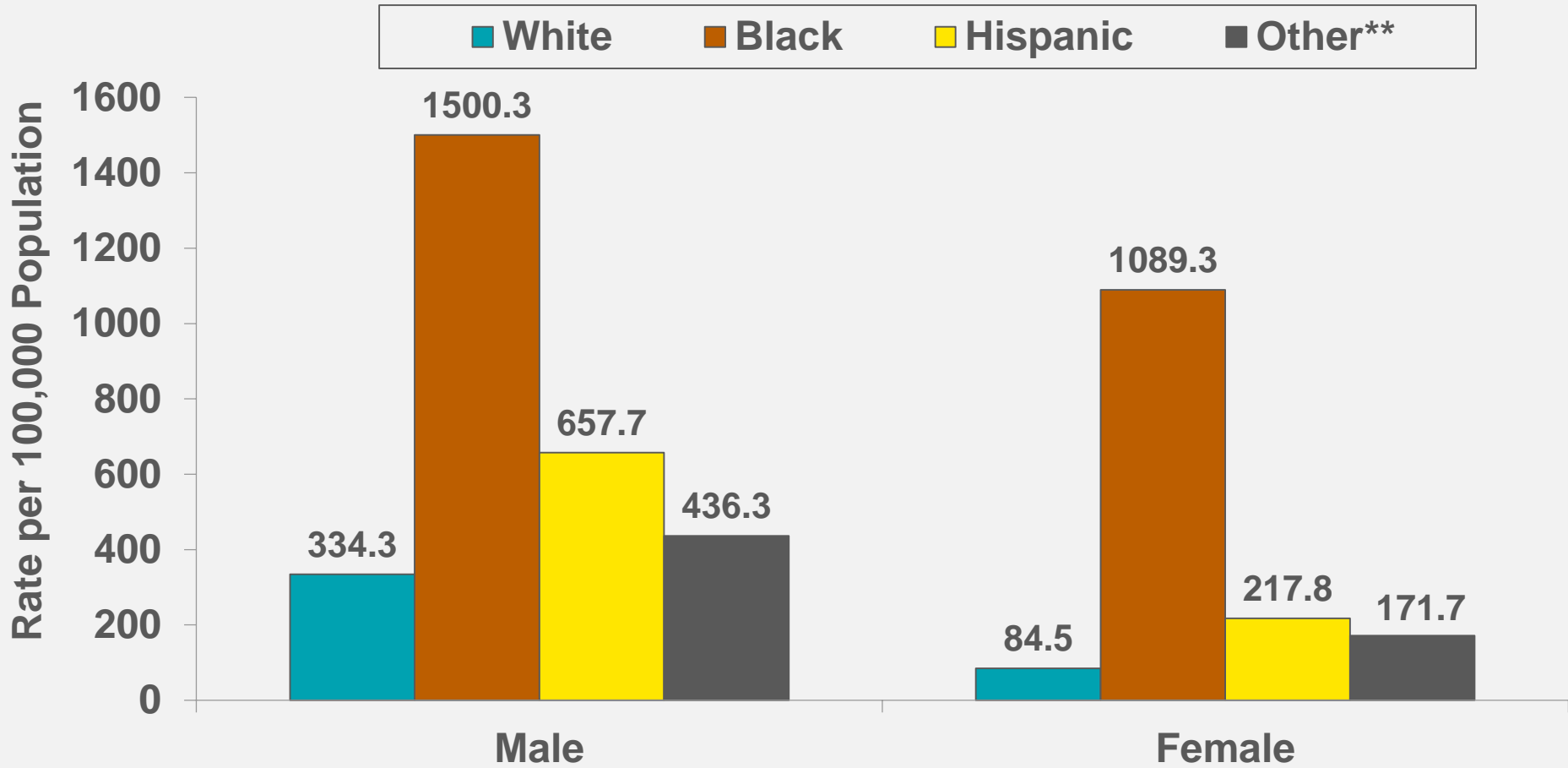
Adults Living with HIV Disease by Sex and Race/Ethnicity Diagnosed through 2015



Note: Among adult males living with HIV disease, whites represent the race most affected (52%). Among adult females living with HIV disease, blacks represent the race most affected (55%).

*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.

Case Rates* of Adults Living with HIV Disease by Sex and Race/Ethnicity Diagnosed through 2015



RATE RATIOS:

MALES
Blacks:Whites, 4.5:1
Hispanics:Whites, 2.0:1

FEMALES
Black:Whites, 12.9:1
Hispanics:Whites, 2.6:1

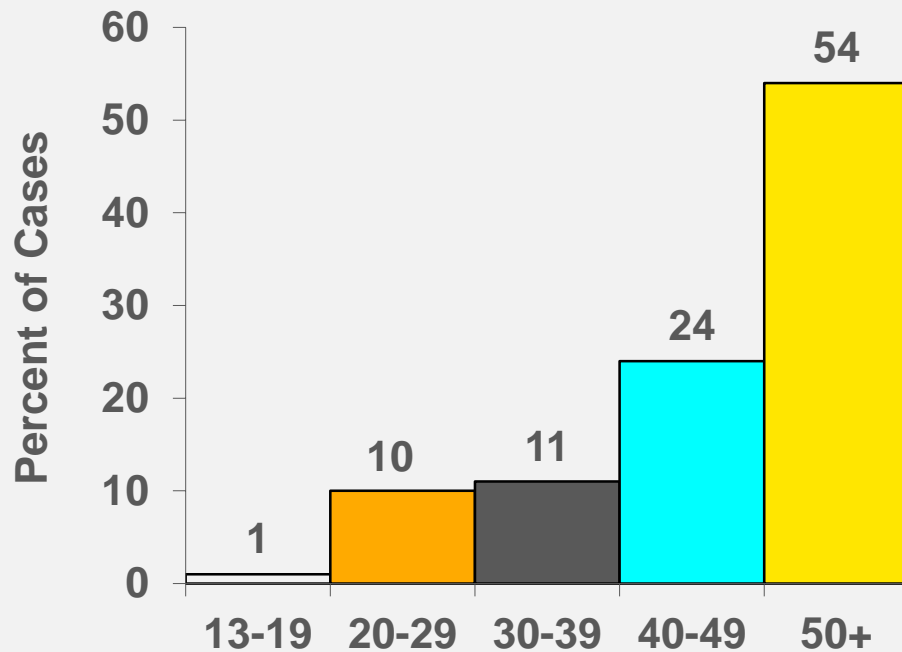
Note: Among black males living with HIV disease diagnosed through 2015, the case rate is nearly 5 times higher than the rate among white males. Among black females, the case rate is nearly 13-fold greater than the rate among white females. The case rate among Hispanic males and females is higher than the rate among their white counterparts. Data excludes Department of Corrections cases.

*Source: Population estimates are provided by Florida CHARTS as of 6/20/2016.
 **Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.

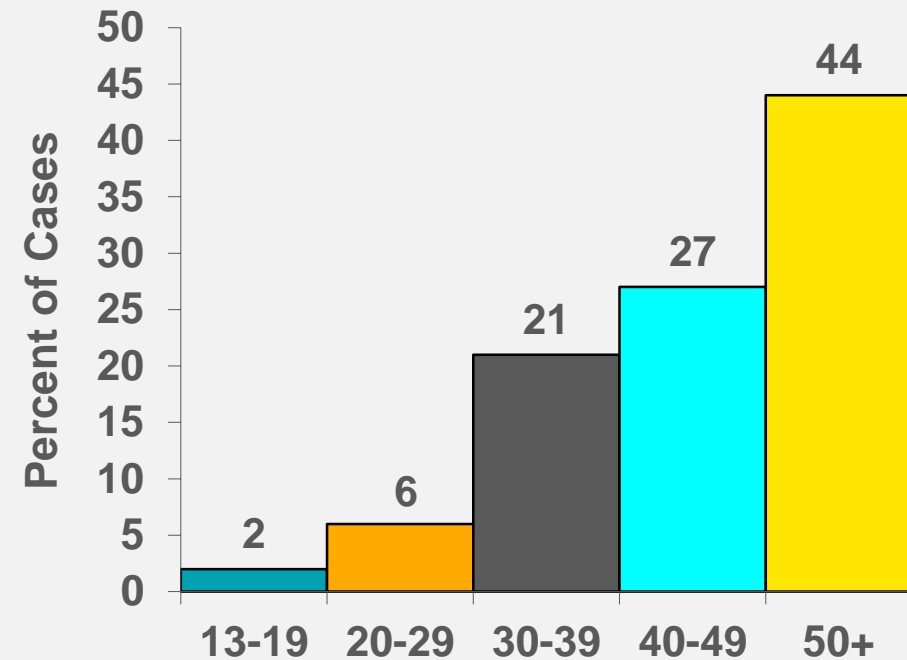


Adults Living with HIV Disease by Sex and Current Age Group Diagnosed through 2015

Males
N=1,251



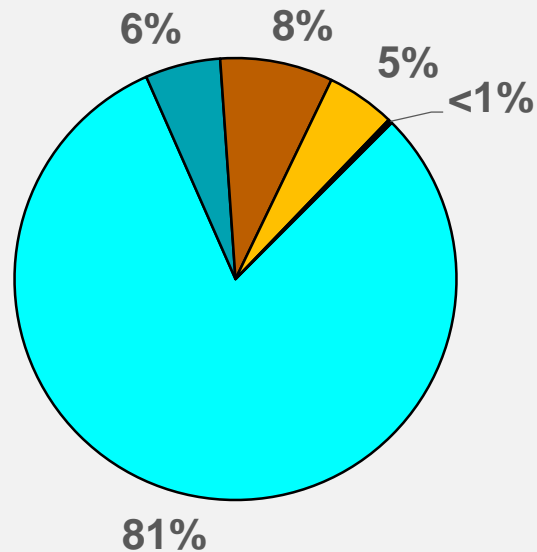
Females
N=564



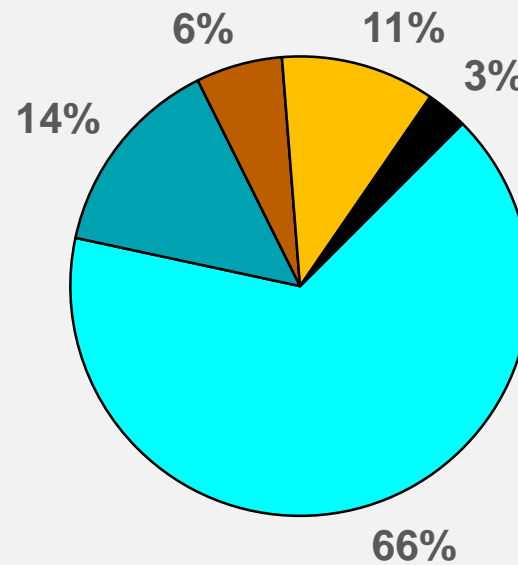
Note: Males living with HIV disease have a higher proportion of cases who are currently 40 years of age or older (78%), compared with females living with HIV disease (71%).

Adult Males Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2015

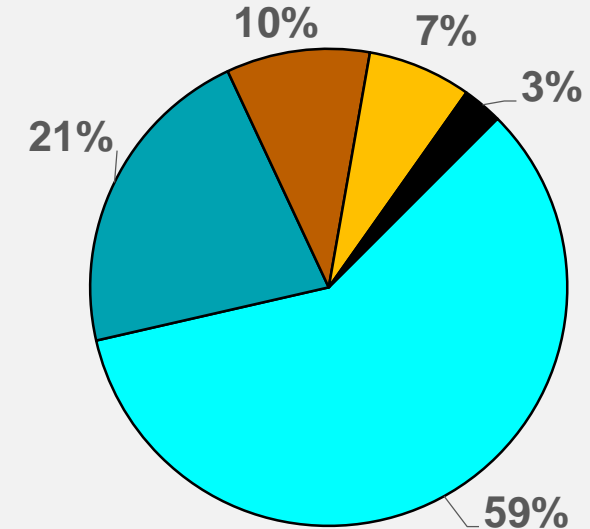
White Non-Hispanic,
N=654



Black Non-Hispanic,
N=378



Hispanic
N=185

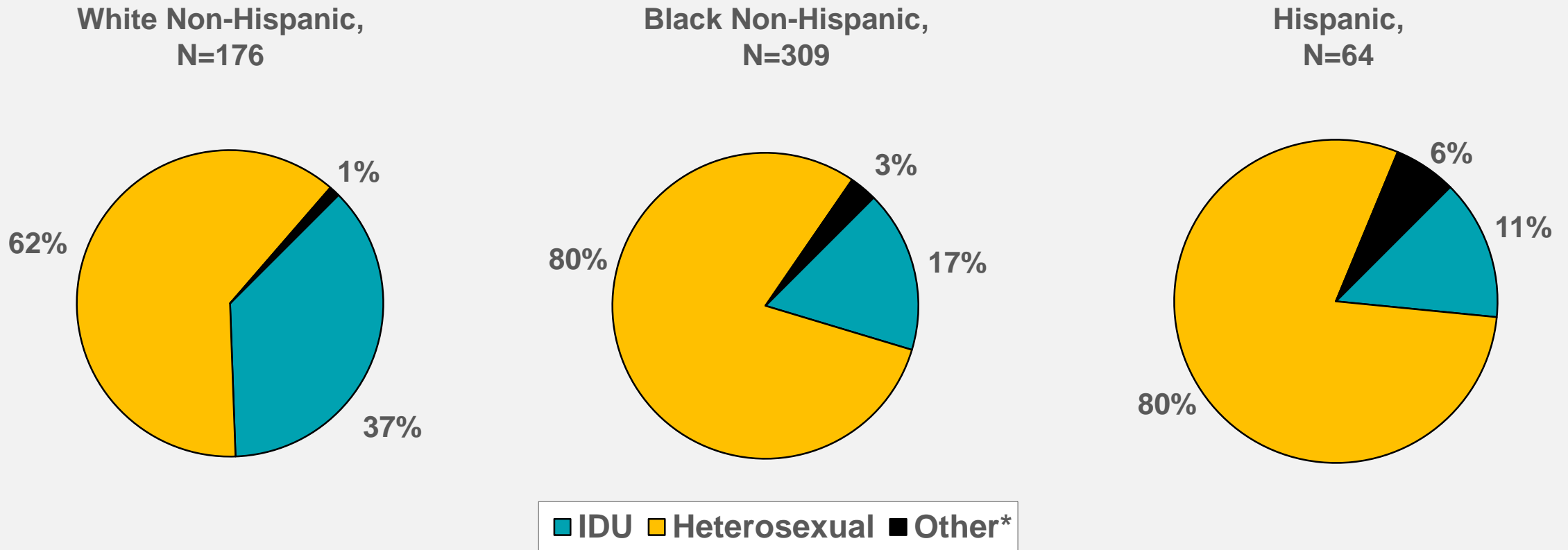


■ MSM
 ■ IDU
 ■ MSM/IDU
 ■ Heterosexual
 ■ Other*

Note: Male-to-male sexual contact (MSM) represents the highest risk for all races. White males have the smallest proportion of heterosexual contact risk.

* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.

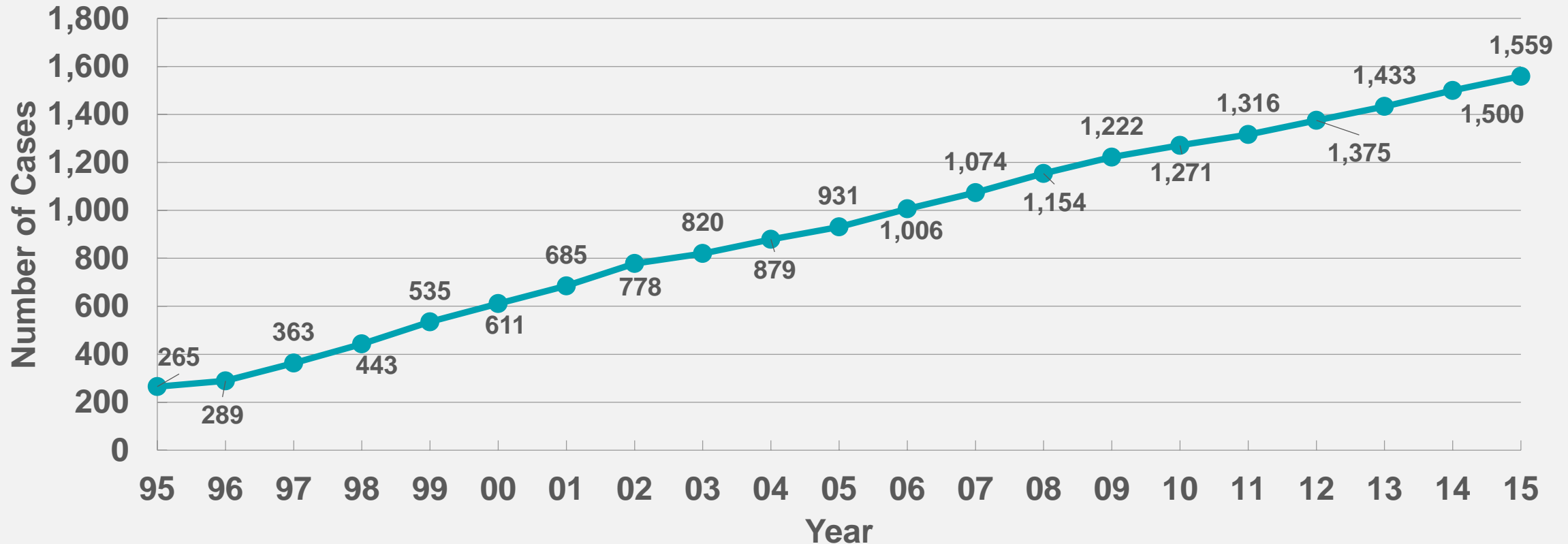
Adult Females Living with HIV Disease by Race/Ethnicity and Mode of Exposure Diagnosed through 2015



Note: Heterosexual contact is the majority risk for all races. However, whites have the largest proportion of IDU risk.

* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.

Annual Prevalence of Adults Living with HIV Disease 1995-2015



As a result of declining deaths, annual HIV/AIDS diagnoses have exceeded deaths since 1995, and the number of persons diagnosed with HIV/AIDS who are presumed to be alive have been increasing. Since 1995, the number of persons living with HIV/AIDS have increased over 480%. In 2015, the prevalence increased by 4% since the previous year.

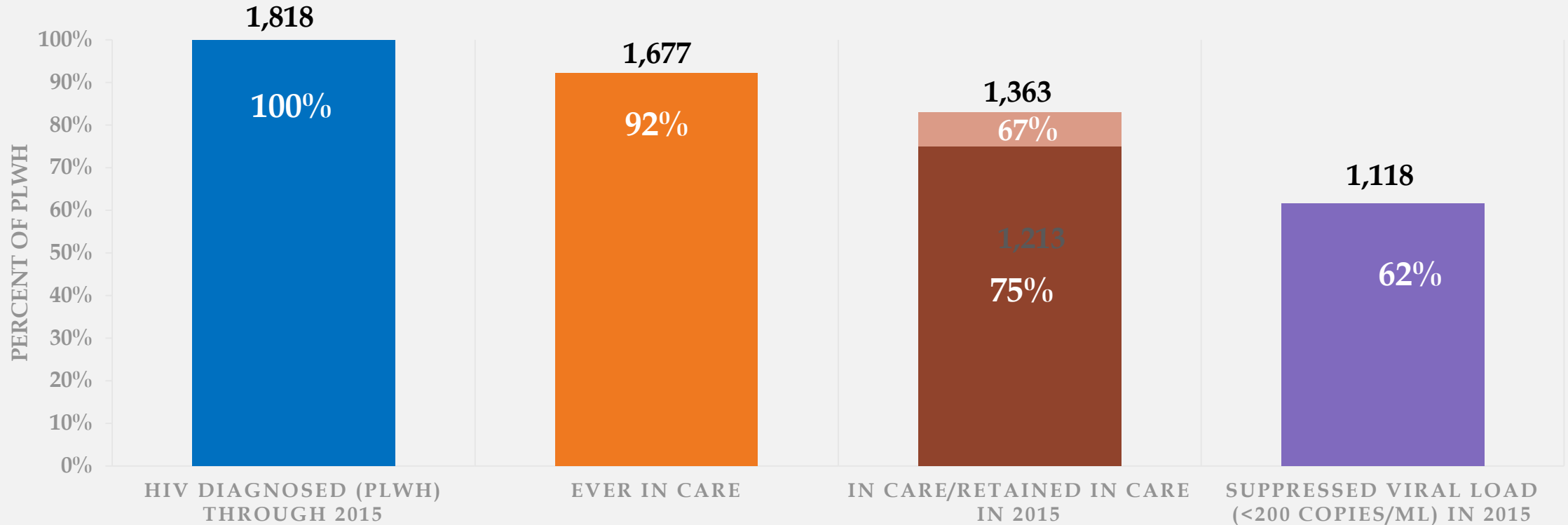
Note: These data represent adults living with HIV disease diagnosed in Florida regardless of their current residence.

Top 9 Priority Populations in 2015 for Primary and Secondary HIV Prevention Based on Persons Living with HIV Disease

- 1. White Men who have sex with Men**
- 2. Black Men who have sex with Men**
- 3. Black Heterosexual men and women**
- 4. White Heterosexual men and women**
- 5. White Injection Drug User**
- 6. Black Injection Drug User**
- 7. Hispanic Men who have sex with Men**
- 8. Hispanic Injection Drug User**
- 9. Hispanic Heterosexual men and women**

This final ranking is a result of ranking 9 race/risk groups among those newly reported in eHARS with HIV disease from the 3 most recent years, plus ranking these same 9 race/risk groups from all persons who were diagnosed and living with HIV disease in eHARS through the most recent calendar year. The two ranks were then weighted and combined resulting in the final rank.

Number and Percentage of HIV Infected Persons Engaged in Selected Stages of The Continuum of HIV Care 2015



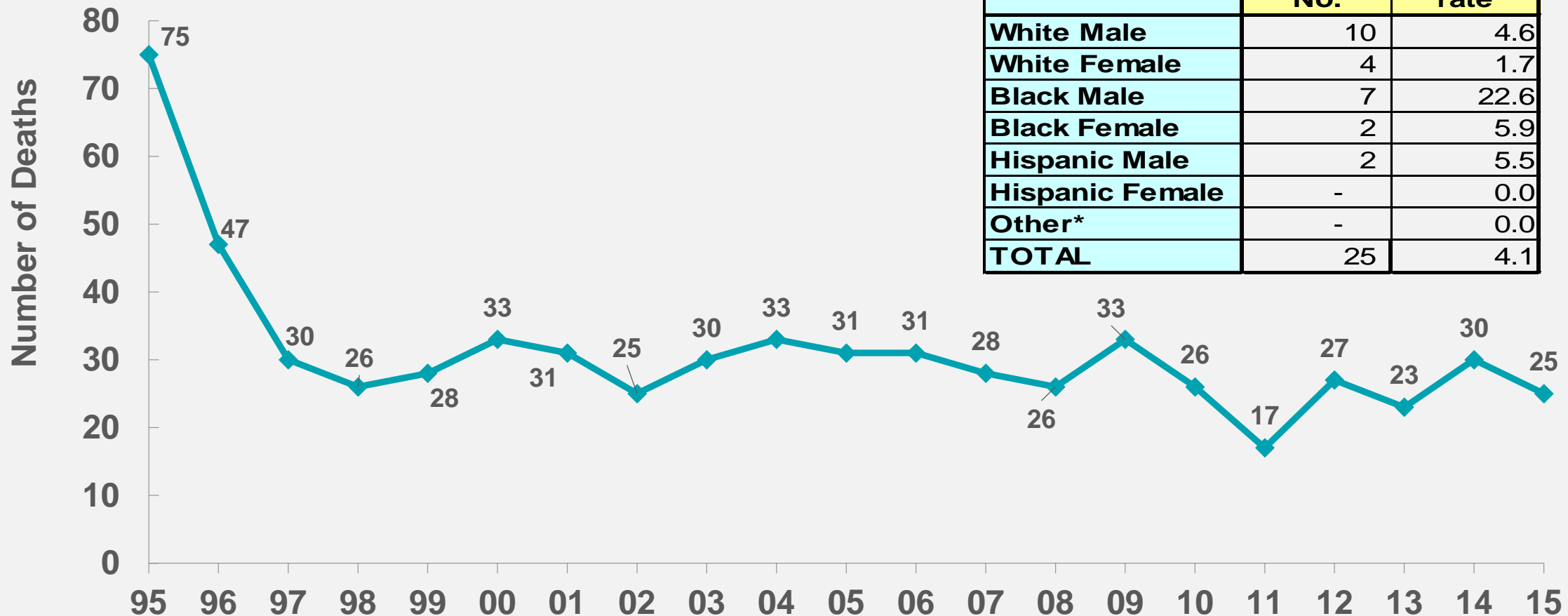
➤ 82.0% of PLWH in care had a suppressed viral load in 2015

- (1) **HIV Diagnosed:** Persons diagnosed and living with HIV (PLWH) in Florida through the end of 2015.
- (2) **Ever in Care:** PLWH with at least 1 documented viral load (VL) or CD4 lab, medical visit or prescription since HIV diagnosis.
- (3) **In Care:** PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription in 2015.
Retained in Care: PLWH with 2 or more documented VL or CD4 labs, medical visits or prescriptions (at least 3 months apart) in 2015.
- (4) **Suppressed Viral Load:** PLWH with a suppressed VL (<200 copies/ml) on last VL in 2015.



Pending for final version

Resident Deaths due to HIV Disease by Year of Death 1995-2015



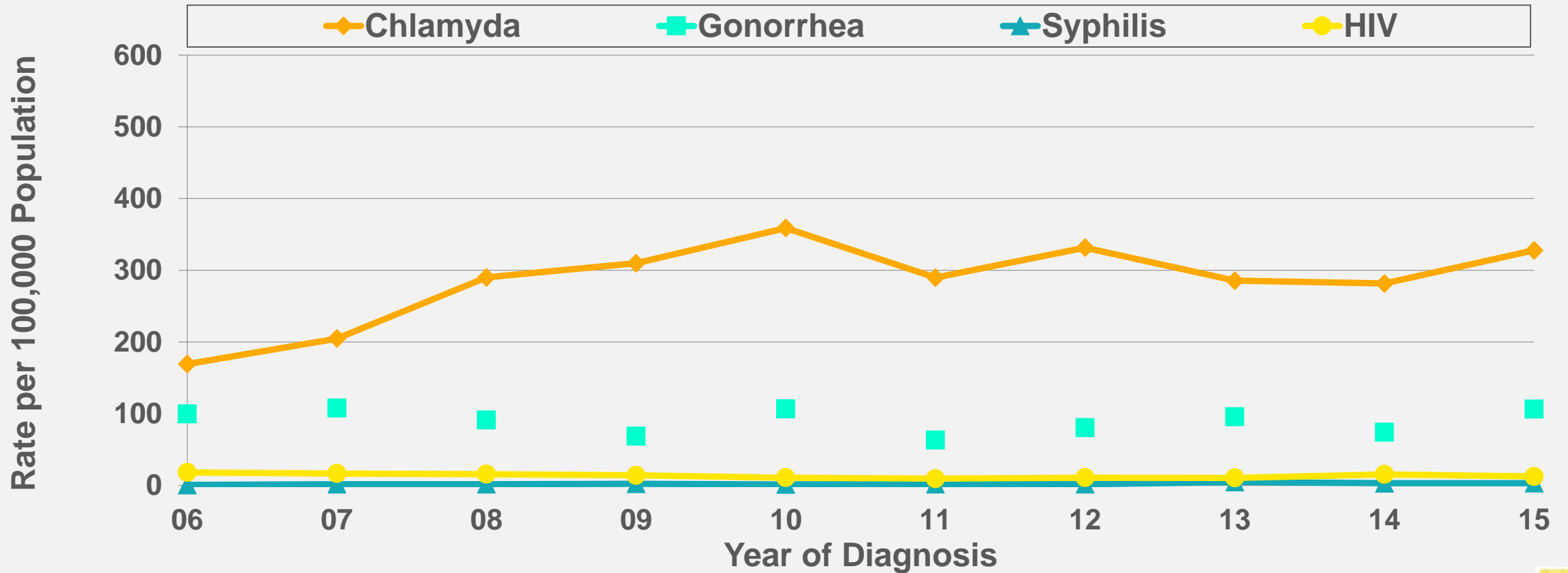
Race/Ethnicity	2015	
	No.	rate
White Male	10	4.6
White Female	4	1.7
Black Male	7	22.6
Black Female	2	5.9
Hispanic Male	2	5.5
Hispanic Female	-	0.0
Other*	-	0.0
TOTAL	25	4.1

Source: Florida Department of Health, Bureau of Vital Statistics, Death Certificates (as of 06/20/2016). Population data are provided by Florida CHARTS as of 06/20/2016.

*Other includes Asian/Pacific Islanders, Native Alaskans/American Indians and Multi-racial individuals.



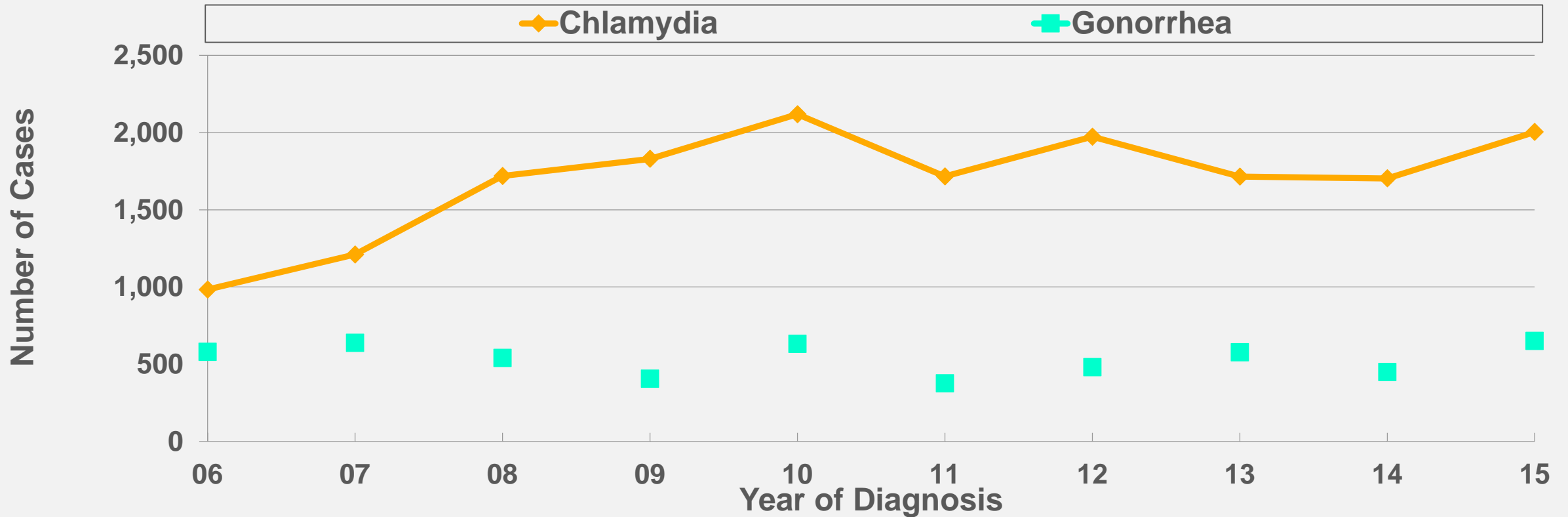
Chlamydia, Gonorrhea, Syphilis* and HIV Rates 2006-2015



* Note: Syphilis data include both Primary and Secondary Syphilis.

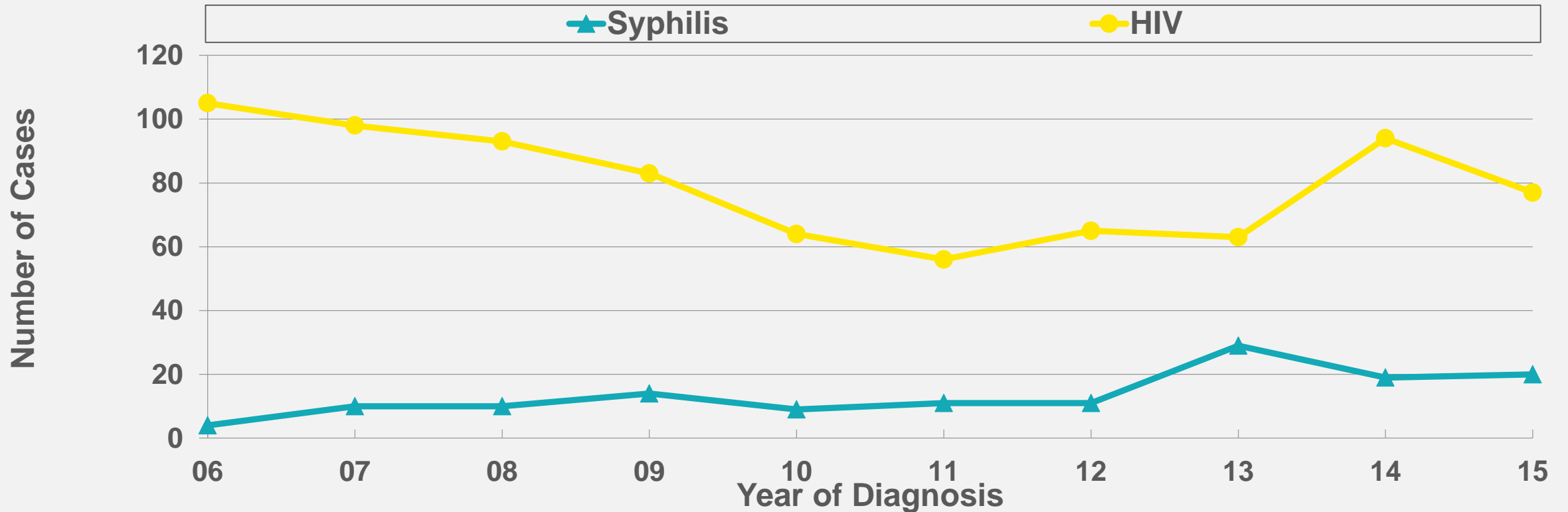
Source: Data from 2006 to 2015 have been validated using Florida CHARTS as of 06/27/2016. FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.

Chlamydia and Gonorrhea Cases 2006-2015



Source: STD data validated through Florida CHARTS as of 06/27/2016. FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.

Syphilis* and HIV 2006-2015

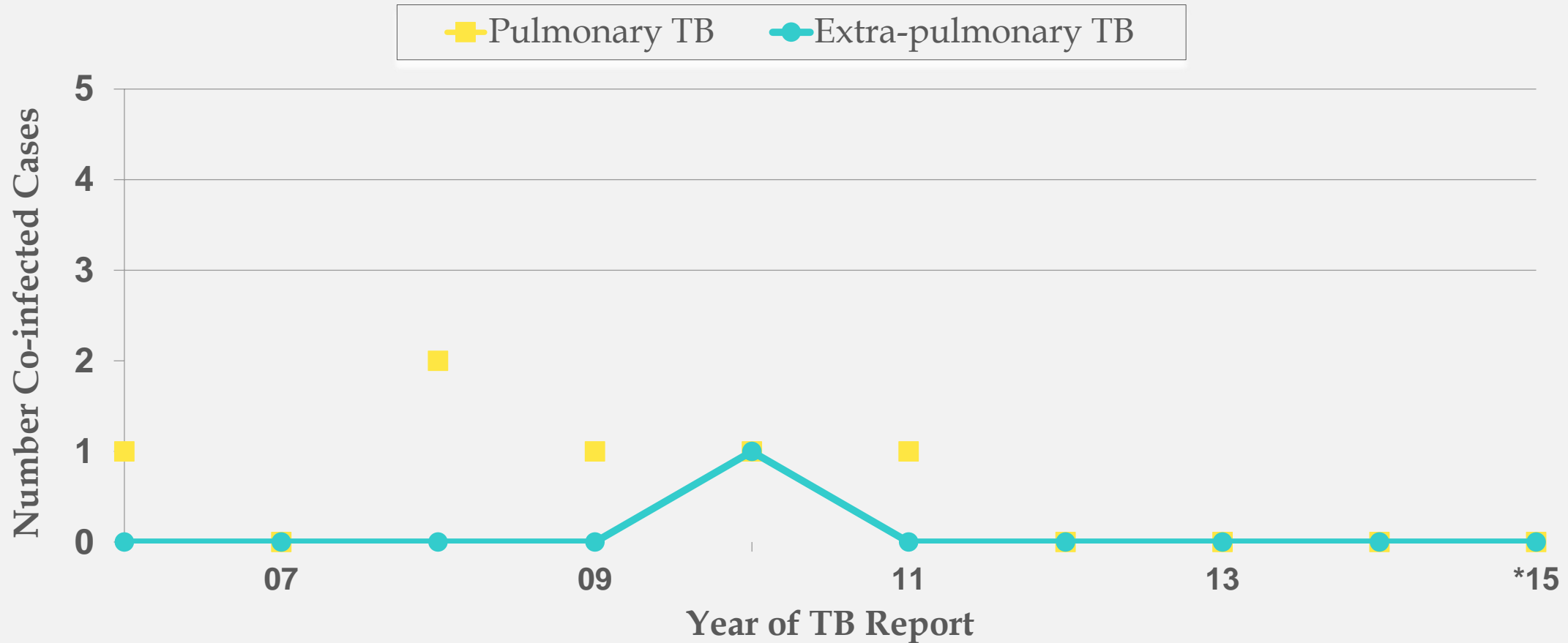


* Note: Syphilis data include both Primary and Secondary Syphilis.

Source: STD data validated through Florida CHARTS as of 06/27/2016. FloridaCHARTS.com is provided by the Florida Department of Health, Division of Public Health Statistics and Performance Management.

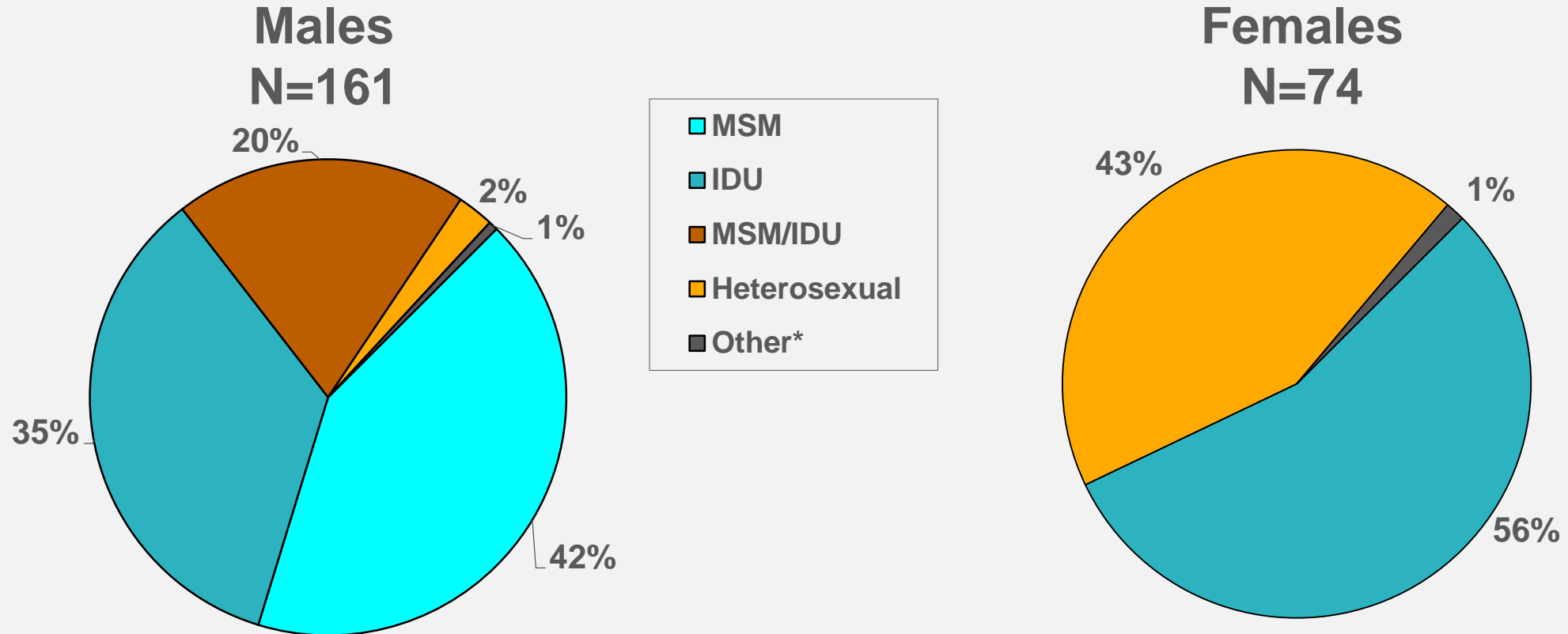
AIDS Cases with TB by Type and Year of TB Report

Report 2006-2015



*There were no TB cases for 2015 per data as of 06/30/2016.

HIV/HCV Co-infected Adult Cases by Sex and Mode of Exposure, Living and Diagnosed through 2014



Note: Of the 1,781 living adult (age 13+) HIV/AIDS cases in Area 12 through 2014, 13% were reported to be co-infected with HIV/HCV. Among adults co-infected with HIV/HCV, 55% of males and 56% of females have a documented IDU-related risk. National estimates by the Centers for Disease Control and Prevention (CDC) are that about 25% of PLWH are co-infected with HCV, (80% in HIV/IDUs).

* Other includes hemophilia, transfusion, perinatal, other pediatric risks and other confirmed risks.

Area 12 Comprehensive Plan

- Strategy A: Educate consortia on current Case Management and Peer provider's processes toward (increasing) Retention in care.
- Strategy B: Review data set in light of current processes and local directional focus to determine attainable metric/goal for increasing Retention in Care during the 2016-2017 Ryan White contract year.

Florida DOH Core Indicators

“The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection should not be allowed to consume resources if action does not follow.”

-Foege WH et al. Int. J of Epidemiology 1976; 5:29-37

Useful Links

- CDC HIV/AIDS Surveillance Reports (State and Metro Data): <http://www.cdc.gov/hiv/stats/hasrlink.htm>
- MMWR (Special Articles on Diseases, Including HIV/AIDS): <http://www.cdc.gov/mmwr/>
- U.S. Census Data (Available by State and County): <http://www.census.gov>
- Area 12 HIV/AIDS Section Website (slide sets, fact sheets, monthly surveillance report, testing data): <http://www.floridahealth.gov/diseases-and-conditions/aids/surveillance/index.html>

Florida's Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

Four Key Components

- 1. Test and treat**
- 2. Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)**
- 3. Routine screening in healthcare settings/targeted testing in non-healthcare settings**
- 4. Community outreach and messaging**

Surveillance Contact

MaryAnne Anderson

Volusia County Health Department

Phone: 386-274-0664

Email: MaryAnne.Anderson@flhealth.gov

Vacant, HIV/AIDS Program Coordinator

Phone: 386-274-0585

For Florida HIV/AIDS Surveillance Data

Contact: (850) 245-4444

Lorene Maddox, MPH

Ext. 2613

Tracina Bush, BSW

Ext. 2612

Madgene Moise, MPH

Ext. 2373

